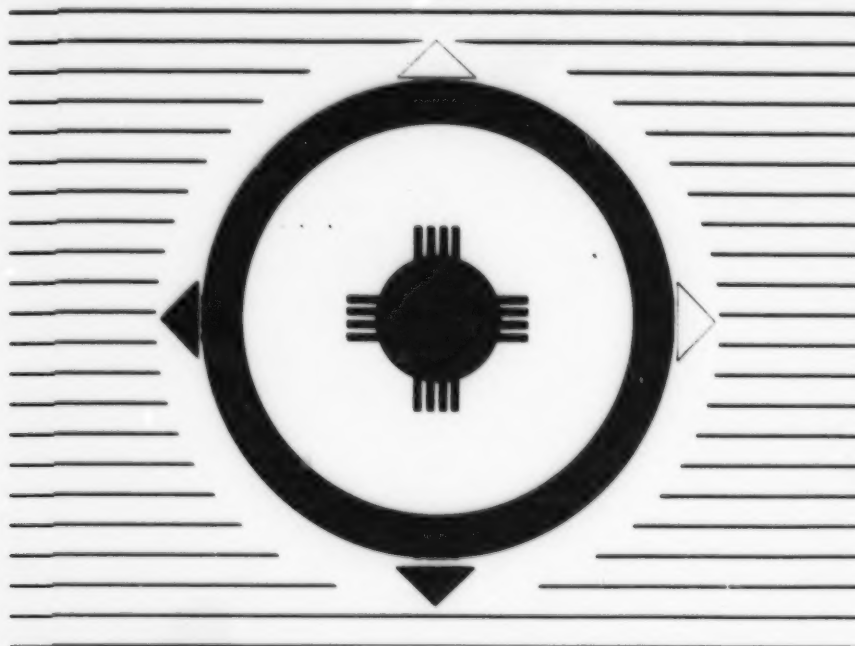

HEALTHY CHILDREN HEALTHY NATIONS

A Framework Document To Support the Well-being of First Nations' Children



"To heal a child is to heal a family to heal a family is to heal our nation"



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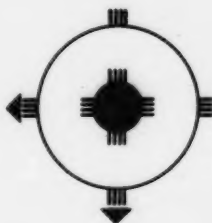
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HEALTHY CHILDREN-HEALTHY NATIONS



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PREAMBLE

"Healthy Children - Healthy Nations" is a guide for First Nations caregivers who wish to focus and direct community programs toward the health needs of children - before birth and up to the age of six. It was prepared by a number of Aboriginal and non-Aboriginal health professionals with significant experience in child health. A draft version of this document was reviewed by First Nations Elders, health managers, frontline workers and laypeople to further refine it for community use.

At the beginning of this project and throughout its development contributors emphasized two elements. First, there are many complex and interrelated factors affecting the health and well-being of First Nations children. Consequently, the framework document, while concise by design, is far-reaching and comprehensive in content and approach. Second, and certainly of no lesser significance, is the great potential of First Nations traditional values, spirituality and custom to support individual healing and well-being - and community wellness. "Healthy Children - Healthy Nations" employs the philosophy and appropriate elements of the "Medicine Wheel" as the guiding principle for refocussing community-based health programs on the well-being of First Nations children. Effort was made to accomplish this task in a manner that is respectful of Medicine Wheel teachings and learning processes that are, by nature, inclusive and experiential.

The authors recognize that not every First Nation embraces "Circle Teachings". Even among those that do the teachings of the circle are often understood within the context of local belief and custom. But, regardless of interpretation the Circle, in essence, symbolizes a uniquely Aboriginal view on life. The tenets of "circle teachings" - that all living things are connected and exist in balance, as well as the "teachings", sometimes stated as sharing, kindness, humility, trust, respect, wisdom and love are common to all First Nations people - irrespective of the symbols or cultural idioms used to express these beliefs. These common beliefs can be the foundation for a continuing health strategy that supports the spiritual, emotional, physical and mental needs of First Nations children.

As stated earlier, contributors acknowledged that the child health concerns facing First Nations caregivers are complex, multi-faceted and often interrelated. Thus the response strategies in "Healthy Children - Healthy Nations" are based on the principle of relations and "connectedness". What does this mean for health managers and frontline workers? Above all else, it means working together. Where practical, it means community caregivers working together in multidisciplinary approach to program planning and service delivery. If the problems are multidimensional and interrelated so too should be our responses.

Cooperative efforts from all sectors will maximize financial and human resources and broadly enhance program effectiveness. If communities can bring cultural, social, economic and political resources to bear on child health problems and provide continuing support for the well-being of First Nations children, these same children will ensure that First Nations culture remains vital - that First Nations societies are strong and compassionate - and that every new generation will be the greatest resource for economic and political development. The circle will be joined and the results will be felt by each child - in every family - in all communities throughout the nations.

Yet, often there are situations in a community that create barriers to a dedicated, long-term multidisciplinary approach. Healthy Children - Healthy Nations does not attempt to define or address the workplace circumstance in any community. It briefly describes and groups programs that have proved effective, in other communities, addressing child health concerns that were, for the purposes of this document, identified and prioritized by a technical committee of Aboriginal child health experts. The authors acknowledge that individual First Nations communities may have additional and/or different health concerns affecting the health of children in their respective communities. Also, it is the belief of contributors, and assumed in Healthy Children - Healthy Nations, that health and social programs will be more effective working together, rather than in isolation. First Nations for their own reasons may decide to choose another path and the authors fully recognize their authority to do so.

Therefore, the application of ideas presented in this book will vary from community to community. Interventions in each community will be guided by community standards, awareness of the issues and historical relationships with professional and supporting organizations. For those First Nations who choose not to undertake the strategic approaches suggested herein, Healthy Children - Healthy Nations can be used to inform communities about child health programs and provide a definition of requirements for health promotion and disease prevention activities that will enhance the health of infants and children in their communities.

Healthy Children - Healthy Nations is presented as a framework document and is intended to be used as a guidebook and information source by First Nations caregivers who wish to refocus and direct community programs to support the health and well-being of First Nations children.

**The principle goal of HEALTHY CHILDREN -
HEALTHY NATIONS is to
provide First Nations health managers and
community caregivers with
information that will enable them to help
others in their communities achieve:**

**A HEALTHY FULL-TERM BABY,
BORN TO A HEALTHY FAMILY AND
NURTURED IN A HEALTHY FAMILY,
LIVING IN A HEALTHY COMMUNITY**



ACKNOWLEDGEMENTS

"Healthy Children - Healthy Nations: A Framework to Support the Health and Well-Being of First Nations Children" was developed with resources made available from the "Child Development Initiative" by the Indian and Northern Health Services Healthy Babies Project, Medical Services Branch, Health Canada.

Preliminary development of "Healthy Children - Healthy Nations" was facilitated by the "First Nations Technical Committee - Child Health Goals/Healthy Babies." The committee was charged with the development of a framework document that would assist First Nation communities design health programs that focus on improving the health status of First Nations children, from the preconception stage to age six.

Committee members were selected by the Assembly of First Nations and Medical Services Branch, Health Canada. Each member possesses significant expertise in the area of child health and brought, to the creative process, compassion for First Nations children as well as an acute understanding of the challenges facing community caregivers.

The committee members were:

David Martin, MD, Medical Services Branch, Pacific Region

Eliza McGregor, CHR, Quebec Region

Michael Monture, MD, Native Physicians Association in Canada

Margaret Moyston Cumming, BSc, PHN, MSW, Health Canada, Medical Services Branch

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Marilyn Van Bibber, RN, Pacific Region

Darlene Watts, CHR, President, National Indian and Inuit Community Health Representatives Organization

Gina Whiteduck, Director, First Nations Health Commission, Assembly of First Nations

Claudette Dumont-Smith, BScN, Aboriginal Health Specialist

Claudette Dumont Smith, on behalf of the committee, assumed the daunting task of organizing and articulating the ideas of the Technical Committee as the preliminary version of the framework document. This version was reviewed by First Nations health managers, caregivers and laypeople in a community review process. This involved on-site focus groups, with 8-10 participants in selected, demographically representative First Nations.

Since the intended users of the framework document are community health and social service planners and workers, they were asked to be the primary participants in the review. Participants included Nurses, CHRs, Social Workers, Child Care Workers, Nutritionists and Substance Abuse Counsellors. Also involved were community Elders, Education Administrators, School Counsellors, students and Band Councillors. Their participation was enthusiastic. Their commentary, whether complimentary or critical, was thoughtful and focussed. The authors wish to thank all community participants who took time from busy work schedules to share their views and willingly offer their expertise. The participating communities were:

Tyendinaga First Nation	Ontario
Brochet First Nation	Manitoba
Flying Dust First Nation	Saskatchewan
Saddle Lake First Nation	Alberta
Kitigan Zibi First Nation	Quebec
Tobique First Nation	New Brunswick
Squamish First Nation	British Columbia

The community review and the production of the final version of "Healthy Children -Healthy Nations" was conducted under the auspices of the Aboriginal Nurses Association of Canada. Strategic Design & Production, an Aboriginal-owned marketing and communications consultancy was retained to conduct the review and produce the final version of "Healthy Children - Healthy Nations".

HOW INFORMATION IS PRESENTED IN "HEALTHY CHILDREN - HEALTHY NATIONS"

"Healthy Children - Healthy Nations" is a guide for First Nations caregivers who wish to focus and direct community programs toward the health needs of children - before birth and up to the age of six. As such, information is presented in six sections which include the preconception; prenatal; perinatal and postneonatal periods, as well as sections on early childhood and social issue for early childhood. Definitions for each period are provided.

Each section deals with health and social issues that are particularly relevant to the period of development. For example, during the prenatal period the subsection "Toxic Substances" includes the topics of tobacco, alcohol, drugs and environmental contaminants.

Where appropriate a health fact pertinent to each section and topic is presented, as introductory information, to give the reader insight on specific health causes and effects. For example, during the prenatal period the fact in the subsection "Toxic Substances" states, "When a pregnant woman drinks, the alcohol passes through the placenta, making the blood-alcohol level of the fetus the same as the mother's."

The relevant findings of medical and social research are presented with each topic to provide a brief summary of findings from a related research field. For example in the Prenatal section, subsection "Toxic Substances", topic "Tobacco", one of the findings states, "Nicotine and other dangerous chemicals in tobacco smoke are in the breast milk of smoking mothers...."

Each section and topic includes a "goal" statement which in essence is a statement describing circumstances or situations which support the development and maintenance of good health for First Nations children. For example, the "goal" for the "Prenatal Care" section is: "to support a nurturing environment which will enable mother and father to deliver a healthy baby". The goal for the topic "Alcohol" is: "Reduce the alcohol consumption of prospective parents to zero".

"Ideas for Action" are included under each topic. These are point form statements describing several related initiatives. These initiatives outline elements of a multidisciplinary approach to service development and delivery which can advance the community toward the goal of the topic in question. These "ideas" are intended to guide community health managers when they define program areas, the direction for program development and identify gaps in current programs and services. For example under Tobacco, ideas for action include: tobacco information as part of prenatal curriculum; community access to smoking cessation programs; smoke-free areas in all public buildings and in-school awareness programs.

Each topic includes some concise descriptions of "community action" programs. These are existing community programs which First Nations have used to effectively address the various health concerns arising from a particular health topic such as tobacco, infectious disease, environmental contaminants etc. The programs noted under "community action" represent elements of a cohesive, multidisciplinary strategy to promote healthy lifestyles and improve the health of First Nations children.

A brief list of related resource materials including films, brochures, posters, reports and books has been provided for each topic.

Section One

PRECONCEPTION

GOAL

TO ENABLE CHILDREN, YOUTH AND ADULTS TO PLAN AND PREPARE FOR PARENTHOOD THROUGH EDUCATION AND INFORMATION.

Preconception can be defined as any period of time prior to a woman becoming pregnant. Since many pregnancies, particularly with youth, are unplanned the preconception period is given very little attention. However, it is a very important time when health promotion and disease prevention activities, prior to a pregnancy, can have a significant, positive influence on the health of the baby.

In traditional societies both women and men were instructed, from early ages, about their bodies and about the differences between men and women. Women were well respected in their communities because they were the givers and carriers of life. Boys and young men were taught how to respect women from male and female elders. They were taught the traditional value of respecting children based on Medicine Wheel teachings which guided the mental, spiritual, physical and emotional development of careproviders and their children.

During the preconception period it was important for both men and women to share the responsibilities of instructing and educating the boys and girls of the community. Parents, grandparents and elders had roles in providing this education to ensure that the next generation was

properly prepared to accept the responsibilities of being parents. Much of this learning occurred in the home. But today many First Nations' families are in the process of regaining traditional customs and beliefs. While traditions are being revitalized the school has evolved into the principal venue for health and lifestyle education. Ideally this should occur in both home and school as well as the community at large. For example family planning counselling should be available to all members of the community as a complement to preconceptual education.

Preconceptual education in schools focuses on topics such as reproductive health, sexuality, birth control methods, effects of alcohol, drugs and smoking on the pregnant woman and the unborn child, proper nutrition and exercise. When in the child's education should such topics be introduced is the subject of some debate by educators and parents.

Nonetheless, the result of effective preconceptual education is future parents being better prepared at an early age for future parenthood as well as an informed population making healthy lifestyle choices and sound family planning decisions.



"Young men and women need training during their change. Puberty is the most important change. The training period was usually two months."

FINDINGS

- Community education, in combination with access to birth control measures, reduces the amount of unplanned pregnancies.
- Sexual health education interventions that combine health information, motivational opportunities and skill-building experiences have effectively reduced unplanned pregnancies and better prepare those who become pregnant.
- Communities that have sexuality education in the school and public health family planning clinics were more likely to have fewer unplanned pregnancies among teens.

IDEAS FOR ACTION

- Increase men's knowledge and commitment to all issues pertaining to sexuality and increase men's awareness of parental responsibilities.
- Ensure that men and women have information on sexuality and the means to achieve good sexual health and are aware of the need for appropriate sexual behavior and equity in gender relations.
- Protect and promote the rights of adolescents to reproductive health information and services.
- Introduce family planning and counselling clinics.
- Ensure that men and women have opportunities to learn from elders the traditional roles and responsibilities of parenting.
- Promote the understanding and acceptance of healthy lifestyles on a community-wide basis.

COMMUNITY ACTION

- Involve men along with women in encouraging communication and joint decision-making as a basis for promoting gender equality in parenting.

- Establish family planning clinics and education classes in the community and distribute health information to community members.
- Deliver accessible, pre-pregnancy instructional courses which include information on nutrition, weight, alcohol, smoking, child spacing, contraception and infection to high risk groups like teenagers.
- Actively involve young people in the design, implementation and evaluation of sex education courses and include them in the decision-making structures of the community to help them understand and accept responsibility.
- Develop preconceptional training packages for parents, teachers, health-care workers and youth counsellors.

RESOURCE MATERIALS

Adolescent Pregnancy in Ontario 1976-1986: Extending Access to Prevention Reduces Abortions, and Births to the Unmarried, (by Maureen Jessop Orton and Ellen Rosenblatt), School of Social Work, McMaster University, Hamilton, Ontario, LS8 4M2.

This report summarizes findings on adolescent pregnancy for a decade 1976-1986 in Ontario. It establishes the positive impact that sexuality education and family planning clinics have in reducing pregnancies in teenage women.

Rediscovering The Traditional Mother
Skookum Jim Friendship Centre, Whitehorse, Yukon.

The program offers Aboriginal women an opportunity to learn prenatal care from Aboriginal elders. The elders give presentations, in a circle, known as circle teachings, and encourage the women to share stories and to answer questions the women may have about womanhood and pregnancy.

"The elders believe that a woman should be of good physical and mental health before she conceives. She should give-up bad habits which could harm the prenatal development of the child, such as smoking, drinking, poor eating habits, worry, anger, and fear. A man should also try to achieve these goals and offer his support to his wife or partner to make her pregnancy easier and more enjoyable."

SECTION TWO

PRENATAL

INTRODUCTION

GOAL

TO HELP DEVELOP A FAMILY AND COMMUNITY ENVIRONMENT WHICH NURTURES HEALTHY MOTHERS AND FATHERS DELIVERING HEALTHY BABIES.

The prenatal period begins at the time of conception, when the woman's egg becomes fertilized, and ends at the time of the birth of the child. It is a time when the mother-to-be undergoes many physical and emotional changes. Some physical changes are quite evident as the baby grows in size. Emotional changes may not be quite as noticeable, yet they are as important to the health of mom and baby.

A pregnant woman may experience many discomforts and mood changes during her pregnancy that are normal during this time. Therefore it is very important that she receive support and reassurance throughout her pregnancy from her husband or partner; from her family, including her extended family; from her friends; from other community members and from health care providers. Expectant single women may require more support than married or

experienced mothers, from family, friends and relatives.

Fathers also experience many emotions during their partner's pregnancy and also need support and encouragement throughout this period.

A normal pregnancy lasts about 40 weeks or nine months and is divided into three stages, each three months in length, known as trimesters. During the first trimester, the skin, eyes, ears, nose, hands, feet, bones and internal organs of the fetus experience rapid development. This is a critical time for fetal organ development. Toxic substances such as alcohol or tobacco can do irreparable damage to fetal organs during this period of rapid growth. Formed in the first trimester fetal organs continue to grow and develop throughout the second and third trimester until the child is ready to be born.



"Once a woman becomes pregnant she has a responsibility to her unborn child to conduct her life so her baby will be born strong and healthy. Elders say the way a woman lives, the food she eats, the sights she sees, the moods she feels and her attitudes directly affect her baby, they have a rigid set of rules which women should follow."

TOXIC SUBSTANCES - ALCOHOL

GOAL

REDUCE THE ALCOHOL CONSUMPTION OF THE PARENTS TO ZERO.

FACT

When a pregnant woman drinks alcohol it passes through the placenta making the blood alcohol level of the fetus the same as the mother's. Alcohol can impair normal fetal development and result in permanent brain and neurological damage to the newborn baby. These conditions along with other malformations are known as Fetal Alcohol Syndrome (FAS). Men can support the non-drinking of women during pregnancy, by abstaining themselves.

FINDINGS

- There is no safe level of alcohol that can be consumed during pregnancy.
- Fetal distress, premature separation of the placenta and vaginal bleeding during pregnancy resulting in spontaneous abortion, miscarriage, and stillbirth occur more frequently with women who drink alcohol than in women who do not drink.
- Paternal alcohol consumption likely damages sperm, thus reducing the likelihood of producing offspring. There is some evidence that paternal alcohol consumption may result in lower birth weight and behavioral effects in the child.
- The father can help prevent Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) by eliminating his own alcohol consumption and by encouraging his partner to abstain as well.
- The toxic effects of different drugs are often increased during pregnancy as the ability of the liver slows to metabolize these substances slows down.
- Risks to the fetus, aside from FAS, associated with prenatal alcohol exposure include decreased birth weight, length, and head circumference; an increased risk of central nervous system problems such as tremors, restlessness, sleeping problems, reflex abnormalities, poor sucking abilities, delayed

development, attention problems and other severe birth defects.

IDEAS FOR ACTION

- Screening, detection and counselling support for women who are considered "high risk" for alcohol consumption during pregnancy. High risk refers to women who have a history of drinking and may be predisposed to continue drinking while pregnant.
- Alcohol and rehabilitation services and counselling for pregnant parents.
- Use written information to educate parents about the harm and danger of alcohol drinking during pregnancy.
- Develop an alcohol awareness component focussed on prevention for parents attending prenatal workshops.

COMMUNITY ACTION

- Increase the knowledge and awareness of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) in the community through group presentations; providing written information to households and the use of local media like band newsletters or community radio. FAS/FAE training should be provided to school personnel, social service and child development workers; alcohol counsellors and health care providers. Education on FAS/FAE

"Some Navajo Elders used to say years back that if a woman about to bear a child drinks crazy water, the newborn will be crazy in the body and the mind."

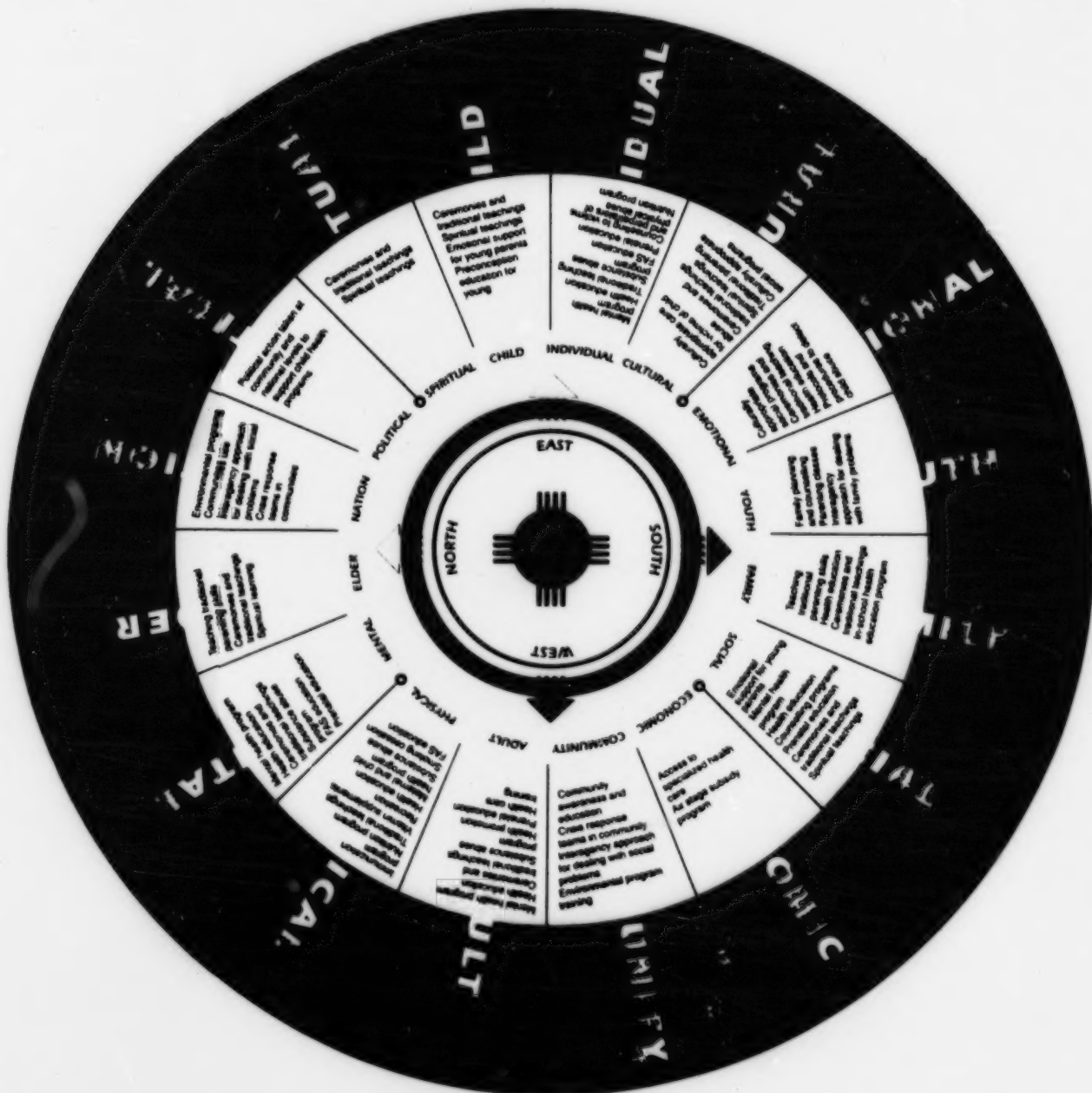
HEALTHY CHILDREN HEALTHY NATIONS

Healthy Children - Healthy Nations utilizes, where appropriate, the principles and elements of the Sacred Circle or Medicine Wheel as the inspiration and model for a First Nations child health strategy framework. This approach is not intended to be exhaustive. It does not include all possible permutations of the elements of the Medicine Wheel. Further, it does not correlate the numerous factors that ultimately affect the spiritual, emotional, physical and mental well-being of First Nations individuals, families, communities and nations, within the context of their economic, political, social and cultural environments. Healthy Children - Healthy Nations focuses on ideas and actions that can enhance the health status of First Nations children. Therefore, any correlation with the elements of the Medicine Wheel is limited accordingly.

The relationship between health promotion and disease prevention actions referenced in this document and the state of "whole health" as defined by the Sacred Circle is one of connectedness and mutual influence. The graphic on the fold-out is intended to illustrate how specific programs focused on child health can support advancement, by a community, toward the traditional idea of whole health, as expressed in the Sacred Circle.

The Sacred Circle and its elements are at the centre of the Healthy Children - Healthy Nations graphic. The inner yellow circle represents First Nations child health ideas and actions. The outer red circle represents the whole health and wellness concepts captured in the Sacred Circle. The graphic can be interpreted in many ways. But, ideally it should be read starting from a specific element of the Sacred Circle represented at the centre of the graphic - reading outward to the inner circle representing health programs - then the outer circle describing states of wellness interpreted from the Sacred Circle principles. For example, in the realm of the "physical", community initiatives such as immunization programs, traditional teaching, maternal and child health programs, substance abuse programs and health education empowers individuals, families, communities and nations to nurture children in good physical health with an understanding of the physical relationships of body and environment. The same reasoning has been used to associate health programs which target other aspects of the child's existence to the elements, relationships and wellness concepts symbolized by the Medicine Wheel.

STRENGTHENING THE CIRCLE





should be included in school programs, in prenatal classes and in family workshops on child health.

- Screen pregnant women in the prenatal visit/clinic for alcohol use and provide them with information about alcohol. Pregnant women who continue drinking during pregnancy or are mothers of previous FAS/FAE children should be referred for care at treatment centres specific for pregnant women.
- Implement prevention programming in schools and households throughout the community with emphasis on reaching teens, young adults and young couples. Offer workshops, peer counselling, talking circles and traditional/cultural information sessions which provide traditional knowledge and perspectives on healthy lifestyles.

RESOURCE MATERIAL

Your Child! Our Future! - Fetal Alcohol Syndrome Prevention Kit Summaries of prevention, education and research activities dealing with fetal alcohol syndrome and fetal alcohol effects - Addictions and Community Funded Programs, Medical Services Branch.

First Nations Conference on Fetal Alcohol Syndrome : Conference Proceedings - Wendake, Quebec.

Aboriginal Substance Use: Research Issues: Proceedings of a Joint Research Advisory meeting of the Canadian Centre on Substance and the National Native Alcohol and Drug Abuse Program - Canadian Centre on Substance Abuse, Ottawa, Ontario.



"Alcohol and drugs have served the emptiness of Aboriginal youth, women, elders, leaders for too long"

GOAL

ELIMINATE TOBACCO USE DURING PREGNANCY AND STRIVE FOR A SMOKE-FREE ENVIRONMENT.

FACT

Nicotine and carbon monoxide contained in smoke will cross the placental barrier and enter the baby's bloodstream. Children of mothers who smoked during pregnancy have more respiratory conditions and are generally less healthy than infants whose mothers did not smoke. The risk of Sudden Infant Death Syndrome (SIDS) is also increased in children of smoking mothers. Second hand smoke can also cause damage to the developing baby.

FINDINGS

- Smoking among young Aboriginal women is higher than for young non-Aboriginal women. Teenage pregnancies are increasing for both groups.
- When the chemicals in cigarettes enter the unborn baby's blood the oxygen supply to baby can be reduced by 25%.
- When a pregnant woman smokes or is in the company of smokers, the carbon monoxide and nicotine in cigarette smoke passes from her blood to the blood of the developing baby. These chemicals affect the baby's development. Smoking during pregnancy has been linked with intrauterine growth retardation and low birth weight, prematurity, ectopic pregnancies, respiratory distress syndrome, increased vaginal bleeding, spontaneous abortion and fetal death and an increased risk of SIDS. In addition, babies of parents who smoke have more respiratory illnesses in their first year of life.
- Lower birth weight babies have more difficulty than heavier, healthy babies because they are often weaker and will likely require more support during delivery.
- Nicotine and other dangerous chemicals in tobacco smoke have been found in the breast milk of both smoking mothers and non-smoking mothers who live or socialize with smokers.

IDEAS FOR ACTION

- Information on the dangers and potential damage that smoking and second hand smoke can cause should be a component of prenatal and parenting classes.
- A smoking cessation program available to all community members.
- All public buildings in the community be declared totally smoke free throughout or minimally have smoke-free areas designated in all public buildings.
- Health care personnel should strive to be smoke-free.
- Increase the knowledge and awareness of the ill-effects of tobacco smoke on the pregnant woman and her unborn child through group presentations in health facilities, schools and the workplace.
- Provide clear, concise written information concerning the effects of tobacco smoke on the health of pregnant women and the unborn child using brochures, flyers or the band newsletter. Distribute to all homes, schools and the workplace. Use community radio on a regular basis to deliver health promotion messages.

"Native peoples believe that if children are to be taught responsibility, they must be approached with maturity and dignity"

- Educate the public about the ill-effects of second-hand or passive smoke on others, especially infants and children.
- Advocate for the elimination of smoking in all public buildings.
- Implement smoke-cessation programs and encourage pregnant women and their partners to attend.
- Have Elder explain the traditional use of tobacco and its spiritual significance to First Nations people as part of health team which conducts community or in-school information sessions.
- Train community workers to develop and implement smoke-cessation programs.

RESOURCE MATERIAL

A New Start in Life: About Pregnancy and Smoking

This twelve page booklet examines the reasons why young women should recognize that they are the givers of life, presents facts about pregnancy and smoking, and outlines the quitting process.

Canadian Council on Smoking and Health
170 Laurier Avenue, West
Ottawa, Ontario.

How to Talk About Smoking with High Risk Pregnant Smokers

This package contains pamphlets and booklets full of facts and ways to help people quit smoking and not smoke around pregnant women.

The Lung Association
3 Raymond Street
Ottawa, Ontario K1R 1A3
Telephone: (613) 230-4200
Fax: (613) 230-5210

Lungs are for Life: School Program

A comprehensive teaching package on respiratory health and smoking prevention for primary, junior, intermediate and senior students. Offers curriculum for kindergarten to grade 12.

Available at a \$50.00 charge from the Ontario Lung Association, Toronto, Ontario.
Telephone: (416) 864-9911



"Let's put our minds together and see what kind of life we can make for our children"

DRUGS

GOAL

FOR MEN AND WOMEN DURING PREGNANCY REDUCE THE USE OF PRESCRIPTION AND OVER-THE-COUNTER DRUGS AND ELIMINATE THE USE OF ILLEGAL DRUGS AND OTHER HARMFUL SUBSTANCES.

FINDINGS

- Sudden Infant Death Syndrome (SIDS) occurs more frequently in infants whose mothers consumed cocaine and other illegal street drugs during pregnancy.
- Sniffing gasoline and other inhalants such as glue can result in irreparable brain and neurological damage to the mother and her unborn child.
- Chemicals in marijuana cross the placenta barrier and affect the child. Exposure to second hand marijuana smoke is also harmful to the fetus. Effects on the fetus include the risk of malformations in the first trimester, slowed growth and development, as well as fetal distress.
- Pregnant women who consume LSD and PCP increase 20 fold the risk of fetal malformation during the first trimester.
- Heroin's effects on the fetus include addiction and withdrawal, distress and retardation.
- Cocaine crosses the placenta and affects the fetus. Cocaine constricts the pregnant woman's blood vessels therefore reducing the blood flow through the placenta resulting in a decreased oxygen and nutrient supply to the fetus. The earliest reports of cocaine effects on pregnancy noted a high rate of spontaneous abortion and early separation from the uterine wall. Prenatal cocaine use is also associated with an increased rate of premature rupture of membranes, early onset of labour and preterm delivery.

FACTS

Chemical substances can be passed through the placenta to the baby. When a pregnant woman takes a drug, her unborn child takes it too. Many different types of drugs including prescription drugs, over-the-counter and illegal drugs may cause various kinds of physical and/or psychological abnormalities to the fetus. Even if a drug is safe for the mother, it could harm the developing fetus. Men should support the drug-free lifestyle of the pregnant partner by abstaining from drug use.

- Some prescription drugs that have harmful effects on the fetus are:

- **Accutane** - used for acne ; **Anti-biotics** - used for various illnesses including influenza; **Anti-migraine medicines** and **Salicylates** - such as Bufferin, Anacin, Empirin and other medicines containing aspirin; **Anti-convulsants** - such as Dilatin; **Tranquillizers** - such as Valium, Librium and Equanil and **Barbituates** - such as Seconal and Tuinal.

IDEAS FOR ACTION

- Establish prevention activities that include information workshops and talking circles for men, women and youth.
- Include drug education as a component of prenatal education programs for expectant mothers and their partners. Encourage participants to discuss their drug use with a physician or other caregiver. Advise of patient confidentiality when appropriate.
- Identify accessible rehabilitation and counselling services for community members.
- Ensure that information on the effects of prescription drugs and other drugs is available for distribution to the community. Advise community members to check with their doctor about the use of prescription drugs during pregnancy.

COMMUNITY ACTION

- Raise awareness and knowledge about the effects of drugs on the fetus for pregnant women, their partners and youth through interactive presentations in prenatal classes, homes, schools and the workplace. Allow time for one-on-one consultations. Use workshop or talking circle format.
- Through prevention workshops, home visits or band newsletters educate community members about how and why prescription drugs should be safely stored.
- Promote and encourage community members, especially young parents and youth, to lead a drug-free and healthy lifestyle. Through community workshops, home visits, booths at community events and use of local media like community radio, newsletters or flyers.

RESOURCE MATERIALS

A New Dawn (30 minute video)

Native women and men speak up for women's special concern about alcohol and drug abuse Addictions and Community Funded Programs, Medical Services Branch, Ottawa, Ontario

Pregnancy, Breast-Feeding, and the Consumption of: Tobacco, Alcohol, Caffeine, Prescription and Non-prescription Drugs, Marijuana, Hashish, L.S.D., P.C.P., Cocaine and Heroin, CLSC, St. Louis du Parc, 155 St. Joseph Boulevard East, Montreal, Quebec.

Alcohol, Tobacco and Other Drugs May Harm The Unborn, Cook, Paddy Shannon; Petersen, Robert C.; and Moore, Dorothy Tuell, U.S. Department of Health, Rockwall II, 5600 Fishers Lane, Rockville, Maryland 20857



"...., young women should recognize that they are the givers of life, and respect themselves, realize that this gives them strength."

GOAL

TO ASSURE THE AVAILABILITY, ACCESSIBILITY AND USE OF PRENATAL CARE.

DEFINITION:

Prenatal care is the care of the expectant mother and her partner throughout the pregnancy. The key elements of prenatal care are:

- regular medical supervision to monitor maternal and fetal well-being,
- early identification of high-risk pregnancies and appropriate referral to specialists,
- lifestyle education and counselling about potentially harmful effects of poor nutrition, smoking, alcohol and other substances on the fetus.

With prenatal care, a mom-to-be and her partner obtain accurate information on what is happening inside her body; how the fetus grows; information on nutrition; how to remain physically fit; sexuality, how to be a good parent and partner. Prenatal care provide prospective parents with an opportunity to discuss their feelings.

FACT

Prenatal care results in a healthy baby and mother. The probability of a healthy baby and mother increases if pregnant Aboriginal women and their partners have access to prenatal information and prenatal health care.

FINDINGS

- Nearly 65% of disabilities can be reduced if measures such as health teaching and education and medical interventions are initiated at the first prenatal visit occurring at around 12 weeks gestation and ending after the first week of life.
- Health Canada recommends prenatal care to start following 10-14 days after the first missed menstrual period, then every four weeks for the next 28 weeks, and every 2 weeks up to 36 weeks, then every week after the 36th week right to birth.

IDEAS FOR ACTION

- Prenatal education and care is a right of all prospective parents in Canada.
- Accessibility and availability of prenatal care which incorporates cultural and socioeconomic factors and includes one-to-one counselling and parental counselling in the home, health

facility or workplace.

- Culturally appropriate resource materials for Aboriginal people such as films, brochures, booklets and posters.
- Community access to specialized care of the pregnant woman.
- Provision of vitamin supplements, as prescribed by a doctor and food subsidies as required for the pregnant woman to assure the health of mother and baby.

COMMUNITY ACTION

- Through public information mediums such as brochures, posters, band newsletters and community radio provide information about the importance of proper prenatal care throughout pregnancy and the positive health effects of prenatal care for the mother and child. Target prospective parents like young couples as well as pregnant women and their partners.

"Training begins in the womb."

- Conduct regular prenatal classes tailored to meet the needs of pregnant women in the community and encourage that their male partners participate in these classes.
- Have community Elders, grandmothers and grandfathers provide information on traditional health practices, traditional nutrition and the traditional roles of men during the prenatal period.
- Have community elders, grandmothers, mothers and fathers provide personal experiences on birthing and provide information on traditional birthing practices.

RESOURCE MATERIALS

Better Beginnings, Better Futures
Walpole Island First Nation
RR#3, Wallaceburg, Ontario

The Baby Project
Dze I Kant Friendship Centre
Smithers, B.C.

YWCA Crabtree Corner
YWCA Vancouver, B.C.

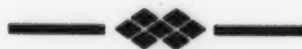
Rediscovering the Traditional Mother
Skookum Jim Friendship Centre
Whitehorse, Yukon

Coming to Life
Medical Services Branch
Health Canada

You and Your Baby
Health Canada

Healthy Babies Program
Meadow Lake Tribal Council
Meadow Lake, Saskatchewan

Caring Together Video
Discussion guide and poster provide health information and examples of responsible behaviour during pregnancy.
Native Physician Association in Canada
Ottawa, Ontario



*"When you're pregnant, that's not you but a separate spirit
-whatever you do don't forget that baby will be whatever you do or
think."*

NUTRITION

GOAL

ENCOURAGE AND PROMOTE PROPER MATERNAL NUTRITION DURING PREGNANCY.

FACT

Eating nutritional foods during pregnancy greatly affects the health and well-being of the mother and it is essential for the healthy development of the baby.

FINDINGS

- The baby is nurtured by the food received through the mother's bloodstream. If the mother's blood is lacking in essential nutrients, the fetus will try to extract the required nutrients from the mother's system.
- During pregnancy all women require additional protein, calcium, iron and folacin. An undernourished mother, deficient in some of the minerals and vitamins needed for health, is more likely to have a premature birth or an underweight baby. Wild berries, greens, fruit and vegetables are a major source of vitamin A, vitamin C, folacin, thiamin and fibre.
- A pregnant woman in her teens will require more foods from the four main food groups - meats and fish; fruit and vegetables; breads and cereals and calcium foods or dairy products - than a mature woman, because her young body is still growing.

IDEAS FOR ACTION

- Nutrition counselling by a nutritionist or specially trained health care provider for all pregnant women.

- Vitamin supplements, folic acid, iron and other vitamin supplements may be taken on the advice of a doctor.
- Assistance provided to plan a diet based on the principles of Canada's Food Guide which also incorporates the use of traditional foods.
- Food supplements, such as eggs, milk, and fruit juice provided to pregnant women in the absence of traditional foods offering the same traditional value, if the costs of these foods can be subsidized by community health programs.

COMMUNITY ACTION

- Use prenatal classes and outreach visits to increase the knowledge of prospective parents about the importance of proper nutrition. Teach young parents to select locally available foods with good nutritional value. Promote the use of local traditional foods.
- Provide nutritional programs for pregnant women developed by professional nutritionists and designed with consideration given to the availability of traditional foods and access to other foods in a specific area or region.



"Native American philosophy teaches that health was not just freedom from disease but a healthy body, mind and spirit. Indians sought to achieve a balance among the physical, emotional, intellectual, and spiritual aspects of the person, between people and between humanity and its environment. The native people learned, through experience and the teaching of their elders, to select those foods in proper amounts to supply the body with required nutrients."

- Advocate for more extensive implementation of the Air Stage Subsidy Program. This program subsidizes the freight costs of transporting foods to the far north. Such subsidies need to be extended to communities within the 55-60 degree latitude.

RESOURCE MATERIALS

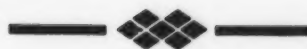
Healthiest Babies Possible
Vancouver Health Department

YWCA Crabtree Corner
YWCA, Vancouver, B.C.

Canada's Food Guide
Health Canada

Native Foods and Nutrition: An Illustrated Reference Manual
Medical Services Branch, Health Canada

Breastfeeding is Good Medicine
Union of Ontario Indians
Nipissing First Nation
P.O. Box 711
North Bay, Ontario, P1B 4J8



"The Elders believe that when pregnant, a woman should eat properly, but there are many foods she should not eat because of the effect they have on the child and the difficulties they may cause giving birth."

GOAL

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES THAT CAN HARM THE PREGNANT WOMAN AND UNBORN CHILD.

FACT

Both the woman and the unborn child can be seriously affected with a communicable/infectious disease.

FINDINGS

- German measles (Rubella) infection during pregnancy can seriously affect the unborn child.
- Toxoplasmosis, if contracted during pregnancy can result in stillbirth, miscarriage and increase the risk of congenital abnormalities in the baby.
- Sexually transmitted diseases (STD's) such as syphilis, gonorrhea, yeast or monilial infection and Herpes virus Type 2 can be transmitted to the unborn child or be transmitted during the birthing process.

IDEAS FOR ACTION

- Screening programs to determine if a pregnant woman is infected with an infectious disease.
- Vaccination programs for preventable diseases such as German measles for all women of child bearing age.
- Medication provided on the advice of a physician and close monitoring throughout the pregnancy when an infection is present.
- Access to specialized care if necessary.

COMMUNITY ACTION

- Increase the awareness of community members about the types of communicable and infectious diseases that can seriously harm a pregnant woman and her unborn child and how they can be prevented through regular screening, up-to-date immunizations and maintaining a healthy lifestyle.
- Ensure that immunization programs are established in the community.
- Promote the importance of regular and up-to-date immunizations.

RESOURCE MATERIALS

You and Your Baby
Health Canada



"The Creator entrusted children to our care. We have a responsibility to protect them and keep them healthy."

DEFINITION

Mental wellness refers to the emotional and psychological well-being of the woman and her partner.

GOAL

TO PROMOTE AND SUPPORT THE WELL BEING OF THE PARENTS DURING PREGNANCY.

FACT

The health of the unborn child is influenced by the mother's emotional well-being.

FINDINGS

- If the mother's emotional stress is long-lasting during pregnancy it is possible that the baby will weigh less than average at birth, be irritable and cry frequently.

IDEAS FOR ACTION

- Mental wellness component in prenatal curriculum.
- Mental wellness programs available in every community.
- Assessment of the mental well-being of the pregnant woman and her partner.
- Referral and counselling available to pregnant women if required or requested.

COMMUNITY ACTION

- Increase the knowledge and awareness of pregnant women, their partners and other family members about normal and abnormal emotional conditions as well as healthy versus unhealthy coping behaviours. Enhance their capacity to identify when help is required in a situation.
- Ensure that psychological health and emotional well-being are an integral part of the prenatal education program.

- Encourage and recommend healthy stress-coping skills for pregnant women and their partners.
- Encourage the pregnant woman and her partner to discuss feelings or concerns about the pregnancy with Elders, relatives, other pregnant women, their partners or local health care providers.
- Advocate for mental wellness programs in all First Nations communities.

RESOURCE MATERIALS

Teen Parent Access to Education Society
Whitehorse, Yukon

Better Beginnings, Better Futures
Walpole Island First Nation
Wallaceburg, Ontario

Coming to Life
Medical Services Branch, Health Canada

Making meaning of Mental Health Challenges in First Nations
Sal'i'Shan Institute Society
Chilliwack, B.C.

"It must be understood that when a woman is pregnant, her husband is pregnant also. Whatever health and mental precautions are observed by pregnant women, the father is also obliged to observe as well."

ENVIRONMENTAL CONTAMINANTS

DEFINITION

Environmental contaminants includes **HOUSEHOLD** products such as: cleansers, sprays, paints, and insecticides and **INDUSTRIAL** contaminants or pollutants found in the air, water, game, fish and other sources.

GOAL

TO LIVE IN A CONTAMINANT-FREE AND A POLLUTION-FREE ENVIRONMENT: IN OUR HOMES AND IN OUR COMMUNITIES.

FACT

Exposure to environmental contaminants could have a negative effect on the fetus and can result in respiratory disease; skin or eye problems; poisoning; allergic reactions; neurological (nerve) damage; genetic changes; birth defect and cancers.

FINDINGS

- Mercury poisoning can occur as a result of consuming fish containing methylmercury and can affect the development of the brain impeding normal physical and mental development.
- Exposure to lead can occur via air, food or when working in certain jobs. The developing fetus can be harmed if exposed to lead. Chronic exposure to lead can affect the brain and cause kidney problems in infants and children.
- Aboriginal people eat more fish, wild meat and sea mammals than most non-Aboriginal people in Canada. These food products are often the first to be affected by environmental contaminants. As a result, Aboriginal people are often exposed to certain environmental contaminants.
- Chlorinated Organic Chemicals (PCB's) are chemicals used in electrical and hydraulic equipment, lubricants and in other fluids. PCB's are found in higher concentrations in top predator fish from the Great Lakes. Research has established a cause and effect relationship between the maternal consumption of Great Lakes fish, levels of PCBs in breast milk and delays in neurobehavioural development in infants.
- Pregnant women should not handle used cat litter. A parasite causing toxoplasmosis may be

present in cat litter that can seriously harm the fetus causing eye and brain damage.

- Many household products such as paints, paint-remover or thinner, household sprays and cleansers are harmful when inhaled or when they come in contact with unprotected skin. Safety precautions and instructions for use, indicated on labels, should be strictly followed.

IDEAS FOR ACTION

- Clear and concise information regarding common household and environmental contaminants that could affect the health of a pregnant women and child should be given verbally and in writing.
- Environmental contaminants information should be included in prenatal programs.
- Regular and on-going screening of pregnant women who may be affected by environmental contaminants.
- Elimination of toxic substances affecting the food supply.
- Protection from and cleanup of contaminated areas.
- Safe storage of common household solvents.

"We must not hesitate, if we destroy the environment, we destroy ourselves."

COMMUNITY ACTION

- Increase awareness among Aboriginal people about household and environmental contaminants and the effect those products could have on the fetus. Use prenatal sessions home discussions, school health programs and local media. Encourage community members to read labels on cleansing and other household products and to adhere to the directions for use. Store these materials out of the reach of children.
- Provide training to the health care providers in Aboriginal communities about household and environmental contaminants and their effect on the pregnant woman and the unborn child.
- Continued collaboration between all Aboriginal and non-Aboriginal governing bodies to eliminate the use of environmental contaminants and to continue monitoring the effects chemicals and contaminants may have on humans, animals and plants.

PROGRAMS/RESOURCE MATERIALS

Eagle Project - The Effects on Aboriginals from the Great Lakes Environment Project - Assembly of First Nations

Canada's Green Plan - Environment Canada



"When the Creator created us, there was great harmony, plants, animals, fish, trees, rivers, air, wind, seasons, etc., humans were given special and unique instructions and responsibilities. All had their individual duty, "LIFE". Man was created as the caretaker of that tree of life. Woman was the equal partner of caretaking. We were to respect the laws of nature and when we take from nature, we return an offering of thanks. To fail from our responsibilities and roles is to create imbalance."

SECTION THREE

PERINATAL

INTRODUCTION

GOAL

TO PROMOTE A SAFE LABOUR AND THE DELIVERY OF A FULL TERM HEALTHY BABY AND SUPPORT THE HEALTHY DEVELOPMENT OF THE BABY DURING THE PERINATAL PERIOD.

The perinatal period begins at the birth of the child and ends when the child reaches 4 weeks of age. The perinatal or neonatal period involves many adjustments for the infant -from the womb, through delivery and to life as a living, breathing individual separate from the mother. The baby undergoes significant change during this period. It is crucial that the baby be properly assessed, by health care providers, to ensure that baby is developing in a healthy manner. Bonding between the child and parents and siblings is also important during this time and efforts should be made to ensure bonding of the infant to each family member.

The birth of a new child produces certain changes in the family. Relationships are modified, parental responsibility increases and the lifestyle of the parents and other family members will change or be disrupted for a while. All parents, but particularly single young parents, need support during this period as they adjust to the new demands of their newborn.

The perinatal period is a very important time to reinforce what was learned in prenatal classes. Emotional support for new or young parents combined with parenting advice on how to properly care for the new child will help assure the good health and development of the child.



"Community members always went out to greet mothers when there was a new baby, to offer support and show caring."

TOXIC SUBSTANCES-ALCOHOL

GOAL

TO REDUCE THE ALCOHOL CONSUMPTION OF THE PARENTS TO ZERO.

FACT

Alcohol consumption can slow down the production of milk and can affect the development of the nursing infant.

FINDINGS

- Large amounts of alcohol taken frequently during the lactation period will slow down the production of milk.
- The concentration of alcohol in the breast milk is close to the blood alcohol level of the mother.
- Effects on the child from alcohol received from breast milk are poor linear growth, excessive weight gain and a cushingoid appearance, which is distinguishable by fatty swellings on the body, moon-like fullness of the face, distention of the abdomen, unusual hair growth on females and streaked purple markings on the body.

IDEAS FOR ACTION

- A process for identifying affected children and conducting assessments of high-risk infants for FAS/FAE.
- Referral of the infant to specialized services.
- Counselling and rehabilitation services for the mother and partner.
- Special alcohol education for new mothers and young parents as a component of a community alcohol and drug prevention program and prenatal classes.

COMMUNITY ACTION

- Increase the awareness and knowledge of new parents about how alcohol is passed on to the baby through the breast milk, the negative effects alcohol abuse has on the body in the

perinatal period and the effect of alcohol abuse on parenting through one-on-one discussions in the health facility or home.

- Provide training to other community workers about alcohol and its negative effects to the infant and to the parents and how to recognize FAS/FAE.
- Through poster campaigns, flyers and regular use of community radio promote alcohol free, healthy lifestyles targeting youth and young parents.
- Teach healthy stress-reducing activities and techniques as part of prenatal and parenting classes.

RESOURCE MATERIALS

Buffy Ste. Marie Breast-feeding her Baby,
Dakota Starblanket.
La Leche League, Canada

A New Baby in the Family
Community Health Department, Montreal
General Hospital
Montreal, Quebec

So You Want to Have a Healthy Baby
Fort Alexander Health Care Center
Box 70, Pine Falls, Manitoba, R0E 1M0
Phone: 204-367-2208

"Parents of children with Fetal Alcohol Syndrome or Fetal Alcohol Effects need help and support, not criticism."

TOBACCO

GOAL

ELIMINATE TOBACCO USE BY THE MOTHER, FATHER AND THE EXTENDED FAMILY. ELIMINATE OR RESTRICT EXPOSURE OF THE INFANT TO SECOND-HAND SMOKE.

FINDINGS

- There is a higher rate of smoking among Aboriginal women before, during and after pregnancy. A 1988 study "Infant Feeding Practices from Birth to Six Months" reported that 53% of Aboriginal women smoked before pregnancy and 48% continued to smoke during and after the pregnancy.
- Nicotine is particularly damaging to the baby during breastfeeding. Smoking decreases milk production and therefore the child's nutritional intake. The chemicals they breathe in or drink through breast milk will cause the infant to spit-up more frequently and be more cranky and restless than a child not exposed to such toxins.
- A small child held by a person who is smoking can breathe in a higher proportion of cancer-causing chemicals than the person smoking the cigarette.
- Native women have extraordinarily high smoking rates. In the Northwest Territories, 65% of Dene women and almost 80% of Inuit women smoke.
- A recent survey indicates that 60% of Aboriginal women aged 15 or older are regular smokers.
- Cigarette smoking is clearly linked to Sudden Infant Death Syndrome (SIDS). The incidence of SIDS is higher with Aboriginal children.
- Babies who are exposed to smoke have more respiratory illnesses in their first year of life. Over the long term children will develop more colds, coughs, bronchitis and pneumonia than other children; their lungs will not work as well as a healthy child and they may develop asthma and ear infections and have more allergies. Children constantly exposed to tobacco smoke may be developmentally delayed as indicated by controlled test groups

FACT

Smoking and exposure to second-hand smoke increase the risk of infant death and illness.

which were 3-5 months behind other children in reading and math skill development.

- Second-hand smoke has up to 4,000 chemicals in it. More than 50 of them are known to cause cancer. Second-hand smoke also has more tar, nicotine, carbon monoxide and other chemicals that cause cancer than the smoke inhaled from filtered cigarettes by the smoker.

IDEAS FOR ACTION

- Smoke-free public buildings or smoke-free areas in all public places.
- Non-smoking health care personnel.
- Good health and lifestyle awareness activities specifically targeting youth and young parents and information for the general population on the ill-effects of the misuse of tobacco products.
- Availability of smoke-cessation programs.
- Provide health facts on smoking as part of prenatal and parenting classes.
- Encourage vendors to eliminate tobacco sales to youth and post health promotion information.

COMMUNITY ACTION

- Raise the awareness of community members, with a special focus on youth, new parents and the nursing mother, about the negative effects smoking and exposure to second-hand or passive smoke has on infants and children. Use formal presentations in the clinic, school or during the perinatal visit to the home.
- Distribute posters, pamphlets and films to community members on the positive health effects of not smoking and the negative effects of the misuse of tobacco on the health of all individuals, including the newborn. Use band

"Remember, it is not Indian to drink or abuse drugs."

newsletters and community radio as well as information booths at special events in the community and school.

- Declare and maintain community health facilities as "smoke-free" buildings or offices.
- Advocate for a "smoke-free" area in all public places ie. band-office, community hall, recreation centres, restaurants, and recommend that a "smoke-free" area be available in the home as well. Select certain community events as smoke-free occasions.
- Promote the availability of a smoke-cessation program. Design special smoke-free component for teens, pregnant women and partners or young parents.

RESOURCE MATERIAL

Canadian Council on Smoking and Health
170 Laurier Ave. West
Ottawa, Ontario

How To Talk About Smoking With High Risk Pregnant Smokers

Canadian Centre on Substance Abuse
75 Albert Street, Suite 300
Ottawa, Ontario K1P 5E7
Telephone: (613) 235-4048
Fax: (613) 235-8101
Carole Julian, Information Specialist
Margo Hawley, Information Specialist



"Aboriginal women have a history of helping. We have a responsibility to protect them and keep them healthy."

DRUGS

GOAL

INFORM COMMUNITY MEMBERS ABOUT THE HEALTH EFFECTS OF DRUGS. WORK TOWARD THE REDUCTION AND ELIMINATION OF THE USE OF ILLEGAL DRUGS AND OTHER HARMFUL SUBSTANCES.

FACT

Some drugs can be passed to the baby through the mother's breast milk.

FINDINGS

- Marijuana is passed into the breast milk and will remain present for a long period of time in the breast milk.
- Cocaine is transmitted to the infant via the breast milk and may result in tremors, irritability and may even lead to convulsions in the nursing infant.
- Nearly all drugs are excreted in the breast milk.
- Studies have found increases of specific complications in substance exposed pregnancies including increased rates of morbidity in narcotic exposed pregnancies and increased rates of premature labour and retardation in cocaine exposed infants.

IDEAS FOR ACTION

- Community information on the effects of all types of drugs.
- Drug rehabilitation referrals and services available.
- Encourage users to read labels of legal drugs or have pharmacist explain possible effects of prescribed drugs.
- Confidentiality for clients disclosing illegal drug use.

COMMUNITY ACTION

- In perinatal visits and through public information raise the awareness of new parents about the health effects of drugs on the body and mind.

Inform the nursing mother that drugs are passed through the breast milk thus exposing the child to risk.

- Note for young parents the child welfare and legal issues concerning the consumption of illegal drugs and potential for apprehension by agencies concerned about the well-being and safety of the child.
- Provide to new parents information on the effects of all types of drugs, including prescribed, non-prescribed or over-the-counter and illegal drugs.
- Distribute pamphlets, brochures and posters about drugs and their effects on the nursing mother and newborn. Clear and concise drug facts sheets should be developed and made available to the community by health care providers in the home and at health facilities.

RESOURCE MATERIALS

Alcohol, Tobacco and Other Drugs May Harm the Unborn

U.S. Dept. of Health and Human Services
Rockville, MD

"Factsheet" - Questions and Answers About Solvents

Addictions and Community Funded Programs
Medical Services Branch
Ottawa, Ontario

"Often the deeper root of the problem leading to alcohol and drug misuse is that of low self-esteem, rapid (cultural) change and many factors like this, so, in short, substance abuse is a coping mechanism."

MENTAL AND EMOTIONAL WELL-BEING

GOAL

TO ENCOURAGE EMOTIONAL SUPPORT DURING LABOUR, DELIVERY AND THE PERINATAL PERIOD AND SUPPORT THE WELL-BEING OF THE MOTHER, BABY AND PARTNER.

FACT

It is important for the mother and her family to receive emotional support during labour and delivery and in the perinatal period.

FINDINGS

- In a study conducted in northern Quebec, Aboriginal women were unanimous in stressing the importance of having a partner or significant person present when delivering a baby.
- Following the birthing process, the woman's body undergoes many hormonal adjustments which may cause her to feel and experience many emotional feelings.
- It is beneficial for the new mother to share the birthing experience with family members and/or other women who have had the same experience.

IDEAS FOR ACTION

- Safe delivery of infants in a setting as close to the home as possible.
- Encourage the presence of the partner or other support person during labour and delivery, if the woman desires.
- Support and assessment of the woman, the family and the newborn throughout the perinatal period.
- Ensure access to specialized services and care as required.

COMMUNITY ACTION

- Raise the awareness and confidence of the mother and family members on how to care for the newborn through discussions and demonstrations.

Explain to a new mother and partner that it is normal for the mother to experience a variety of emotional feelings following childbirth.

- Initiate Postpartum Parent Support Programs in the community.
- Frequent home visits by the health care providers during the perinatal period to provide support to the mother and partner.
- Referral to other medical services or social agencies if necessary.
- Community Elder as part of health team during perinatal visits to explain traditional child rearing values and practices and help prepare the family, including other brothers and sisters, for the arrival of a new family member.

RESOURCE MATERIAL

Healthy Mother, Healthy Baby Program
Saskatoon Community Health Unit
Saskatoon, Saskatchewan

Postpartum Parent Support Programs
Available through most hospitals

Parent Relief
Six Nations Community
Oshweken, Ontario

A Resource Listing of Parenting Programs Used by the First Nations and Inuit
Mental Health Advisory Services
Medical Services Branch

"In raising children both Mom and Dad have to take [equal] responsibility. Otherwise it will be too big a burden if there is just one doing all the work."

MIDWIFERY

DEFINITION

Midwives must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, to conduct deliveries on their own responsibility and to care for the newborn infant. This care includes preventative measures, the detection of abnormal conditions in mother and child, the procurement of medical assistance and the execution of emergency measures in the absence of medical help. They have an important task in health counselling and education, not only for the patients but also within the family and the community. The work should involve antenatal education and preparation for parenthood, and extend to certain areas of gynaecology, family planning and child care.

GOAL

PROVIDE INFORMATION AND ESTABLISH AWARENESS THROUGHOUT THE COMMUNITY ABOUT THE PRACTICE AND BENEFITS OF MIDWIFERY.

FACT

Normal birth is not a medical risk. Removing a woman from her family and community for four weeks or more may impose other risks and pressures on her family life.

FINDINGS

- In the 1940's, 7% of Aboriginal women from northern Quebec had their babies in hospitals. In the late 1960's hospital births reached 91% and now virtually every woman has her child in the hospital.
- Traditionally childbirth was experienced in a very intimate way by members of the family and community.

IDEAS FOR ACTION

- Licensed midwives hired to serve in First Nation communities.
- Normal birth deliveries to occur in the community by trained and certified midwives or by medical personnel, if the family so chooses.
- Child birthing centres established where they are identified by First Nation communities as a necessary community resource.



"I needed to know that the same person who saw me during my pregnancy was the one who would be there for me during the birth, and take care of us afterwards. I also found that my midwife was in tune with my needs and when choices and decisions had to be made, she could advise me."

COMMUNITY ACTION

- Raise the awareness of community members of midwifery as a profession.
- Provide information on where midwifery training takes place.
- At Health Fairs and Career Fairs encourage students to consider midwifery as a profession.
- Encourage youth, male and female, to become midwife type professionals.
- Midwifery awareness and training be made available to all community members.

**MIDWIFERY PROGRAMS
AND ORGANIZATIONS**

McMaster University
Hamilton, Ontario

Laurentian University
Sudbury, Ontario

Ryerson Polytechnical Institute
Toronto, Ontario

Association of Ontario Midwives
Toronto, Ontario

Midwives Alliance of North America
Bristol, Virginia

Interim Regulatory Committee on Midwifery
P.O. Box 2213,, Postal Station "P", Suite 285
Toronto, Ontario M5S 2T2
Telephone: (416) 536-302



"Although most communities seem to have had a number of women recognized as midwives, seasonal migrations of the largely hunter-gathered societies meant birth knowledge had to be widespread in the community. If a problem arose out on the trail, it might have to be dealt with the husband alone."

SECTION FOUR

POSTNEONATAL

Sudden Infant Death Syndrome ♦ Injuries ♦
Child Development ♦ Drugs ♦ Nutrition ♦ Infectious Diseases

INTRODUCTION

GOAL

TO PROMOTE OPTIMUM GOOD HEALTH, GROWTH AND DEVELOPMENT OF THE INFANT IN THE FIRST YEAR OF LIFE.

The postneonatal period begins after the perinatal phase at one month and lasts until the infant reaches one year of age. Physical and psychological development during the first year of life is very rapid. The one-month old infant is completely dependent on mom, dad and others for all basic needs and will at the end of this phase become much more independent.

When all the child's basic needs such as love, nourishment, warmth, rest and comfort are met in a continuous and consistent manner by the mother and father, the infant will grow and develop

physically and psychologically healthy. Emotional and physical security during the first year of life will result in a positive and a strong feeling of "self" in later years.

A great amount of care and guidance are needed during this first year of life. The child grows from being totally dependent and gradually begins to do things independently such as crawling, walking, climbing and exploring. It is of utmost importance that the child's growth and development throughout the postneonatal period be closely monitored by both parents as a starting point for assessing the future health status of the child beyond the first year of life.

"Children of First Nations come from a unique and distinct culture with their own traditions of language, philosophy and values."



"Love your child, teach them well. When you have a child don't think that you are still young. You have to start thinking how you are going to teach them."

SUDDEN INFANT DEATH SYNDROME (SIDS)

DEFINITION

SIDS is the sudden death of an infant usually under one year of age which remains unexplained even after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.

GOAL

TO INCREASE COMMUNITY AWARENESS OF THE RELATED CAUSES AND PREVENTIVE MEASURES ASSOCIATED WITH SUDDEN INFANT DEATH SYNDROME DURING THE POST-NEONATAL PERIOD.

FINDINGS

- Postneonatal mortality rates for Aboriginal infants is four times greater than the overall Canadian population.
- Sudden unexplained death was the second leading cause of death in the Aboriginal infant population during the period 1985-1988. Risk factors include delayed prenatal care and substandard housing.
- About 90% of all SIDS occur by the age of 6 months. SIDS deaths reach a peak between the second and third month of life.
- Hyperthermia as a result of excessive wrapping combined with a mild infection in the infant could produce heatstroke and increase the risk of SIDS.
- Lying baby on its stomach increases the risk of SIDS.
- Second-hand tobacco smoke can increase the risk for SIDS.
- Infection, especially mild, respiratory tract infection, may increase the risk for SIDS. Aboriginal children frequently have respiratory tract infections and this condition may account for a higher incidence of SIDS in Aboriginal children.

IDEAS FOR ACTION

- Community access to current information on the possible causes and contributing factors to SIDS.
- Support for parents of SIDS victims.
- SIDS awareness as a component of prenatal education, perinatal and postneonatal consultations.

COMMUNITY ACTION

- Increase the knowledge and awareness of expectant mothers and new parents about SIDS, commonly referred to as crib death, during prenatal and neonatal discussions and home visits. Prepare simple fact sheet outlining causes and preventive measures.
- Recommend a smoke-free environment for the infant.
- Explain how over-wrapping or bundling can raise body temperature and if combined with a mild infection in the infant could produce heatstroke which is considered a contributing factor for SIDS.
- Demonstrate proper positioning of the baby, on back or side, as recommended by the Canadian Paediatric Society.
- Establish support groups and/or self-help groups for the survivors of victims of SIDS.

RESOURCE MATERIALS

Sudden Infant Death Syndrome and Apnea Disorders

Wagner, M.H., and Chesrown, S.E., in Neonatal and Pediatric Respiratory Care, Koff, Patrick B., Eitzman, Donald and Neu, Josef,

Sudden Infant Death Syndrome

A parent information pamphlet
The Canadian Foundation for the Study of Infant Deaths

INJURIES

GOAL

TO REDUCE THE FREQUENCY OF CHILD INJURIES BY INCREASING THE PARENT'S AWARENESS OF INJURY PREVENTION.

FINDING

- Injury and poisoning are the leading causes of death among the status Aboriginal population.
- Fire and drowning are the most common cause of fatal injury for Aboriginal children.
- By one year of age, Aboriginal children are two times more likely than non-Aboriginal children to have visited a physician for injuries and 4 times as likely to require medical attention due to the ingestion of non-medicinal products.

IDEAS FOR ACTION

- Injury prevention programs implemented in all Aboriginal communities.
- Train health care providers in injury prevention.
- Development and implementation of injury surveillance systems.
- Identification and elimination of potential injury provoking conditions and materials in the community.
- First Aid Training provided to community members.

IMPLEMENTATION

- Increase the knowledge and awareness of community members about injury prevention through formal and informal discussions in the home, school, clinic and through use of local media such as the band newsletter, flyers and community radio stations.
- Make injury prevention a priority issue in health care programming.
- Demonstrate how to "baby-proof" home.
- Distribute current information and "safety-tips" on all types of vehicles, including automobiles, snow-mobiles, all-terrain vehicles, boats, on water-safety and home safety on a regular basis.

FACT

Injuries to children can be prevented through proper awareness and understanding of the causes of childhood injuries.

- Organize Health Fairs on injury prevention in the home. Focus on specific issues such as fireproofing the home which promotes the development of escape plans in case of fires, the use of fire extinguishers and smoke detectors. Promote playground safety, bicycle safety or bathroom safety i.e., the safe storage of drugs or leaving babies unattended in bath. Use special events such as Injury Prevention Month and Fire Prevention Week as a forum for awareness activities. Encourage community participation in injury prevention activities.
- Advocate the use of seat-belts and safety attachments for seat belts for children and approved baby car-seats. Implement a car-seat lending program.
- Collaborate and work with the local fire fighters and the police force on safety measures.
- Offer First-Aid, Cardio-Pulmonary Resuscitation (CPR) and Baby-Sitting courses to community members.
- Conduct an analysis following an accidental injury and identify how the injury could have been prevented.
- Encourage inter-agency injury prevention activities.

RESOURCE MATERIALS

Canadian Hospitals Injury Reporting and Prevention Programs
Most hospitals

A Safer Canada - Year 2000 Injury Control Objectives
Health Canada
Canadian Children's Safety Network
Health Canada

Canadian Red Cross Society
Canadian Safety Council
Ottawa, Ontario

St. John's Ambulance
"Save that Child" Program

CHILD DEVELOPMENT

GOAL

TO SUPPORT THE PROPER GROWTH AND HEALTHY DEVELOPMENT OF THE CHILD DURING THE POSTNEONATAL PERIOD.

FINDINGS

- From birth babies should be able to momentarily lift their heads and by 4 weeks readily turn to face either way. By 6 weeks they are able to hold their heads in line with the body for a few seconds. By 8 weeks infants can lift their heads higher to an angle of 45 degrees. By 12 weeks they lift their head and upper body using the forearms for support. After 12 weeks babies hold their chest up while lying on their tummies and by 24 weeks all of the head and upper body are supported on flattened palms.
- German measles infection of the pregnant woman especially in the first trimester of her pregnancy could result in neurological disorders in the infant.
- Prescribed medications during pregnancy may deflect normal fetal development and produce various abnormalities.
- Inadequate nourishment, emotional deprivation and lack of stimulation during the first year of life may result in developmental delay in an infant.
- Babies born to smoking mothers may be prone to hyperactivity and be slow learners.
- Alcohol consumption during pregnancy has been identified as the leading cause of mental retardation and neurological disorders in infants.

IDEAS FOR ACTION

- Early identification of high-risk infants who are likely to experience poor growth and development.
- If the child is considered high risk, complete physical and neurological examination of the newborn at birth and close monitoring of the

FACT

Children must grow and develop properly during the postneonatal stage to ensure a healthy person in the future.

child's growth and development throughout the first year of life.

- Access to specialized services and programs for the developmentally-delayed infant.

COMMUNITY ACTION

- Raise the awareness of community members of the predisposing factors that may result in developmental delays in infants such as: alcohol and drug abuse during pregnancy and following birth; inadequate nourishment of the infant; non-treatment of infectious diseases for the mother during pregnancy and non-treatment of infections of the infant; emotional deprivation and lack of stimulation of the infant during the first year of life may result in developmental delay in an infant.
- Initiate First Nation parenting courses involving Elders with knowledge of traditional parenting.
- Establish a parent support group for developmental delayed and special needs children.
- Initiate an interagency approach to effectively deal with the developmentally delayed child.
- Develop and offer parent relief programs for lone parents.

RESOURCE MATERIAL

Nobody's Perfect Parent Education Program
Health Canada

Early Childhood Intervention Program
Kinsman Children's Clinic
Royal University Hospital
Saskatoon, Saskatchewan

"Aboriginal women have a history of helping. We have a responsibility to protect them and keep them healthy."

NUTRITION

GOAL

TO PROMOTE PROPER AND ADEQUATE NUTRITION FOR THE MOTHER AND INFANT IN THE POSTNEONATAL PERIOD.

FACT

In healthy mothers, breastmilk is the most balanced and nourishing food to give the infant and should be the main source of nourishment during the postneonatal period.

FINDINGS

- Breastmilk provides the best and most complete source of nourishment for the first 6 months.
- A vitamin D supplement is recommended for all babies who breastfeed, especially for those born during the fall months, and is recommended until the child is 24 months old.
- A daily intake of 400 IU of Vitamin D could prevent rickets, promote growth and help maintain normal calcium and phosphorus levels.
- The breastfed infant is less likely to develop allergies, upset stomach, respiratory illness, ear infections or diarrhea.
- Breastfeeding increases the bonding between mother and child.
- In 1988, the percentage of Aboriginal infants breastfed at birth was 61%; 42% were still breastfed at 3 months.
- Fluoride decreases the incidence of tooth decay by up to 50%. The Canadian Paediatric Society recommends that fluoride supplementation of the breastfed infant be started at six months of age. **(Parents should be advised to ask the advice of their doctor regarding fluoride supplementation).**
- The breastfed infant does not need iron supplementation until six months old. The formula-fed infant needs iron supplementation from four months onwards. **(Parents should be**

advised to ask the advice of their doctor regarding iron supplementation).

- The ideal age to introduce solids is between the age of four and six months.
- During breastfeeding, as with pregnancy, the mother needs extra energy and nutrients to produce enough milk and maintain her health and should eat a well-balanced diet based on Canada's Food Guide or a Traditional Food Guide.

IDEAS FOR ACTION

- Breastfeeding information available as a component of prenatal education.
- Train nurses and CHRs to act as breastfeeding consultant workers.
- Breastfeeding support group established including the presence of Elders.
- Financial assistance be provided for the purchase of infant formula for the non-lactating mother and that infant formula supplies continue for as long as the child requires this type of nourishment.
- Mothers unable to afford the healthy foods required to maintain a balanced diet during the postneonatal period should have access to support which enables them to supplement their diet with healthy foods.
- Nutrition counselling for women during the postneonatal period by nutritionist or other health care provider.

— ◆ —

"The Creator entrusted children to our care. We have a responsibility to protect them and keep them healthy."

NUTRITION

- Promote breastfeeding by raising the awareness of pregnant women of the many advantages of breastfeeding the infant through use of brochures, films, videos booklets and posters. Target young mothers in the home, prenatal classes or in the health facility.
- Provide information on infant formula which detail the social and financial implications of its use; appropriate feeding methods which include proper sterilization and propping of the bottle when feeding and the hazards of improper use of infant formula and other breastmilk substitutes.
- Identify resource people and set up community-based breastfeeding support groups which include Elders.
- Provide additional training to health care providers on proper breastfeeding techniques for the lactating mother and infant.
- Encourage mothers to discuss vitamin supplements with their doctors.
- Lobby for financial support for mothers to buy healthy foods.
- Provide opportunities for breastfeeding mothers to get together.

PROGRAMS AND RESOURCE MATERIALS:

La Leche League Canada

**Canadian Association of Lactation
Consultants**
Peterborough, Ontario

Regional Nutritionists
Medical Services Branch

Breastfeeding for a Healthy Baby
(also available in Cree)
Northwestern Health Unit
Kenora, Ontario

**Buffy Ste. Marie Breastfeeding her Baby,
Dakota Starblanket**
La Leche League Canada

Breastfeeding Advocacy Kits
Health Canada

Using the Food Guide
Health Canada

**Nutrition Book for Community Health
Representatives**
Cree Board of Health and Social Services
James Bay, Quebec

So You Want to Have a Healthy Baby
Fort Alexander Health Care Center
Box 70, Pine Falls, Manitoba R0E 1M0
Phone: 204-367-2208

Breastfeeding Is Good Medicine
Union of Ontario Indians
Nipissing First Nation
P.O. Box 711
North Bay, Ontario, P1B 4J8



*"We, as women - as caregivers - need to recognize that we still do
have the power and the responsibility to work towards fostering."*

INFECTIOUS DISEASES

GOAL

TO PROMOTE IMMUNIZATIONS FOR ALL AGE GROUPS AND REDUCE THE INCIDENCE OF INFECTIOUS DISEASES THROUGH COMMUNITY HEALTH EDUCATION.

FACT

Infectious diseases seriously affect the health and well-being of Aboriginal children.

FINDINGS

- Statistical data show that several infectious diseases are higher among Aboriginal than non-Aboriginal infants. These are meningitis; otitis media (7 times more likely to require hospitalization); hepatitis A and B; pneumonia (17 times greater in first year of life); and gastroenteritis (20 times greater in first year of life).
- Gastrointestinal, respiratory, ear and skin infections are directly related to the quality of housing, sanitation and environmental conditions.
- Breastfeeding offers protection against the bacteria that cause diseases.
- Vaccine-preventable diseases include: diphtheria, tetanus (lockjaw), polio, measles, mumps, and rubella (German measles), meningitis and hepatitis.
- Some studies indicate that ear infections are linked to putting the baby to sleep with a propped bottle.
- The incidence of Aboriginal infant death from pneumonia and bronchitis is 12 times the rate for the overall Canadian rate on average.

IDEAS FOR ACTION

- Immunization program and vaccines available for all vaccine-preventable diseases.
- Surveillance and screening programs for infectious diseases implemented.
- Prompt referral to medical care for infectious diseases.
- Training of health care providers on communicable diseases focusing on screening, detection and prevention.
- Proper water and sewage systems in place.
- Adequate housing for First Nation families.
- Information on proper food storage and processing.

COMMUNITY ACTION

- Information on infectious diseases a component of prenatal education.
- For new, young mothers stress the importance of and provide vaccinations for infants as recommended by Health Canada.
- Encourage the use and provide vaccines for diseases prevalent in the First Nations population such as for tuberculosis and hepatitis B and meningitis.
- Raise the awareness of community members about indoor air quality and its effect on the respiratory system and how this can be managed by eliminating cigarette smoke, using safe and suitable wood-burning stoves and having a good air ventilation system in place.
- Provide community information regarding the necessity of proper housing and proper water sanitation.
- Advocate for breastfeeding, proper nutrition, cleanliness, adequate housing as a way of decreasing the spread of infectious diseases.
- Provide information to community members on proper storage, handling and preparation of perishable foods.

RESOURCE MATERIALS

Nobody's Perfect Program
Health Canada

You and Your Baby
Health Canada

Immunization Schedule
Available from each Provincial Health Department

SECTION
FIVEEARLY
CHILDHOOD

INTRODUCTION

GOAL

PROMOTE AN OPTIMAL LEVEL OF HEALTH AND SAFETY DURING THE EARLY CHILDHOOD YEARS.

FACT

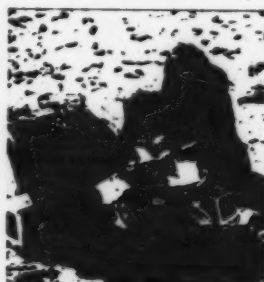
First Nations children will enjoy a higher standard of health as a result of public health education; the promotion of secure and safe home environments and development of a partnership between families and careproviders dedicated to community wellness.

The early childhood period begins at one year and ends when the child reaches six years of age. The time from one to three years is commonly referred to as the toddler stage, followed by the preschool period which continues from three to six years of age.

Toddlers have a great curiosity and desire for independence at this stage. They are constantly exploring their surroundings through sight, sound, touch and taste. It is also a time when unintentional injuries are frequent. Accidents are the leading cause of injury and death for First Nations children in early childhood. Toddlers need

continuous monitoring and supervision. Action on injury prevention in the home and community is of great importance to the well-being of the child.

Toddlers also need a stable and loving environment and the opportunity to assert themselves in a safe and socially acceptable manner. The preschool child continues to move towards becoming a more independent being and begins to have interests outside the family unit. The preschooler, when nurtured in a safe, loving and caring environment, develops into a confident and trustful being, ready to meet the ever increasing changes and challenges of the school-age period.



"Children are sacred, and they are the responsibility of everyone in the community. Everyone in the Mi'kmaq community is obligated to protect all children and warn them of potential dangers."

INJURIES

GOAL

TO EDUCATE PARENTS AND OTHER ADULTS ABOUT INJURY PREVENTION AND PROMOTE THE DEVELOPMENT OF HEALTHY HOMES AND COMMUNITIES DURING THE EARLY CHILDHOOD YEARS.

FACT

Injuries can be prevented through proper community awareness.

FINDINGS

- The mortality rate resulting from injuries for Aboriginal children between the ages of 1 - 14 years is six times the Canadian rate.
- Fire, motor vehicle crashes and drowning are the three main causes of fatal injury for Aboriginal children and are significantly higher than the rate for the Canadian population.
- Cigarette smoking is linked to about 50% of all fatal fires.

IDEAS FOR ACTION

- Injury prevention programs implemented in all Aboriginal communities.
- Train health care providers in injury prevention.
- Development and implementation of injury surveillance systems.
- Identification and elimination of potential injury provoking conditions and materials in the community.
- First Aid Training provided to community members.

COMMUNITY ACTION

- Increase the knowledge and awareness of community members about injury prevention through formal and informal discussions in the home, school, clinic and through use of local media such as the band newsletter, flyers and community radio stations.
- Make injury prevention a priority issue in health care programming.
- Demonstrate how to "baby-proof" home.
- Distribute current information and "safety-tips" on all types of vehicles, including automobiles, snow-mobiles, all-terrain vehicles, boats, on water-safety and home safety on a regular basis.
- Organize Health Fairs on injury prevention in the home. Focus on specific issues such as fireproofing the home which promotes the development of escape plans in case of fires, the use of fire extinguishers and smoke detectors. Promote playground safety, bicycle safety or bathroom safety (ie.), the safe storage of drugs or leaving babies unattended in bath. Use special events such as Injury Prevention Month and Fire Prevention Week as a forum for awareness activities. Encourage community participation in injury prevention activities.

"Babies were talked to while still in the womb and the training continued accordingly as the child grew to be a young adult. Bathing in cold water began at one year of age and continued throughout life. Flowing water is strong medicine. The cedar tree was used to teach the child about family, and other plant growth in the forest was also used for teaching. Teas steeped from herbs, bark and roots from the forest were used to strengthen young people. Children were taught as they ate their meals. The idea was, as the food digested, so was the teaching."

- Advocate the use of seat-belts and safety attachments for seat belts for children and approved baby car-seats. Implement a car-seat lending program.
- Collaborate and work with the local fire fighters and the police force on safety measures.
- Offer First-Aid, Cardio-Pulmonary Resuscitation (CPR) and Baby-Sitting courses to community members.
- Conduct an analysis following an accidental injury and identify how the injury could have been prevented.
- Encourage interagency injury prevention activities.

RESOURCE MATERIALS

Canadian Hospitals Injury Reporting and Prevention Programs
Most hospitals

A Safer Canada - Year 2000 Injury Control Objectives Health Canada
Canadian Children's Safety Network
Health Canada

Canadian Red Cross Society
Canadian Safety Council
Ottawa, Ontario

St. John's Ambulance
"Save that Child" Program



"The Creator entrusted children to our care. We have a responsibility to protect them and keep them healthy."

CHILD DEVELOPMENTAL

GOAL

TO ENSURE HEALTHY GROWTH AND BALANCED DEVELOPMENT DURING EARLY CHILDHOOD.

FACT

Aboriginal children require healthy home and community environments to grow and develop as healthy individuals with their physical, mental, emotional and spiritual aspects in balance.

FINDING

- In a study of 406 severely and profoundly mentally retarded children and their families in Manitoba, Aboriginal children were over-represented in the groups with acquired retardation, genetic disorders, and malformations.
- Poverty, family and social problems have been associated with impaired intellect and mild mental retardation.
- Prescribed medications during pregnancy may deflect normal fetal development and produce various abnormalities.
- Inadequate nourishment, emotional deprivation and lack of stimulation during the first year of life may result in developmental delay in a infancy and early childhood.
- Babies born to smoking mothers may be prone to hyperactivity and be slow learners.
- Alcohol consumption during pregnancy has been identified as the leading cause of mental retardation and neurological disorders during infancy and early childhood.

IDEAS FOR ACTION

- Early identification and screening programs for detection of developmental delays in the child between 1-6 years of age.
- Community programs for developmentally delayed children.
- Specially trained workers available for developmentally delayed children.
- Early identification of high-risk infants who are likely to experience poor growth and development. If the child is considered high risk, complete physical and neurological examination of the newborn at birth and close monitoring of the child's development throughout early childhood.
- Support groups for parents of developmentally delayed children.

COMMUNITY ACTION

- Raise the awareness of community members of the predisposing factors that may result in developmental delays in infants such as: alcohol and drug abuse during pregnancy and following birth; inadequate nourishment of the infant; non-treatment of infectious diseases for the mother during pregnancy and non-treatment of infections of the infant; emotional deprivation and lack of stimulation of the infant during the first year of life may result in developmental delay in an infant.
- Initiate First Nation parenting courses involving Elders with knowledge of traditional parenting.
- Establish a parent support group for developmental delayed and special needs children.
- Initiate an interagency approach to effectively deal with the developmentally delayed child.
- Develop and offer parent relief programs for lone parents.

RESOURCE MATERIAL

Nobody's Perfect Parent Education Program
Health Canada

Early Childhood Intervention Program
Kinsman Children's Clinic
Royal University Hospital
Saskatoon, Saskatchewan

Mi'kmaq Family
A video on child development
Health Canada and National Film Board

NUTRITION

GOAL

TO ASSURE PROPER AND ADEQUATE NUTRITION FOR THE CHILD.

FACT

Proper nourishment in early childhood is essential for healthy growth and development.

FINDINGS

- Iron is needed to carry oxygen in the blood from the lungs to all cells of the body and to carry carbon dioxide away from the cells back to the lungs. Meats such as liver, shellfish, dried seaweed, wild roots, cooked dried beans and bran are the best sources of iron.
- The body needs calcium for the development of strong bones and teeth, especially during periods of growth, during pregnancy and breastfeeding. The need for calcium gradually rises during childhood from 550 milligrams for a 3-year-old to a peak of 1100 milligrams for a boy aged 13 years.
- Vitamin C is essential for the healthy development of blood vessel walls, teeth and gums. It is important for normal healing of wounds and may reduce the risk of cancer.
- Research into dietary habits indicate that snacking has become a replacement for regular meals. Snack foods high in sugar and fat and low in other essential nutrients become favourite snacks that can cause health problems, including tooth decay and diabetes, gallbladder disease and heart disease.
- About 20% of Aboriginal children less than 5 years of age had an inadequate intake of calcium. They also had an unsatisfactory intake of Vitamin C, low Vitamin D intake and had poor Vitamin A status.
- A Nutrition Canada survey indicates that infants and pre-schoolers of low-income groups are at greater risk for Vitamin C, folic acid and iron deficiency than children from higher income groups.

- Obesity is found to be nine times more common in girls from low social groups by the age of six.
- Aboriginal people living in remote areas consume less Vitamin C than those living closer to urban areas.
- Obesity is prevalent among Aboriginal people. The high intake of sugar and fat has been linked to obesity, dental caries and other chronic diseases such as diabetes mellitus.

- Nutrition information provided to community members by a nutritionist or by health care providers and nutritional information available on local traditional foods.
- Iron and vitamin supplements provided.
- Screening for nutrient-deficient conditions.
- Monitor growth and development during first six years of life and refer if necessary.
- Allowance for the purchase of foods for special dietary requirements.

- Through the use of flyers, band newsletters, poster campaigns and community radio raise the awareness of mothers, fathers and other caregivers about the importance of a sound and balanced diet in early childhood.
- In the home, discourage the consumption of foods high in sugar, fats and salt and encourage the eating of healthy traditional foods.

"The Elders say that in the past some women breast fed up to four or five years of age ..."

- Advocate for nutritious at-home or in-school snacks and healthy school lunch programs.
- Teach healthy meal planning based on Canada's Food Guide or the availability of local traditional foods. Implement nutrition classes and nutrition counselling in the community.
- Lobby for fresh fruits and produce at affordable prices.
- Approach vendors to have "junk" foods such as candy, gum, chips and soft-drinks moved away from the eye-level of children.

RESOURCE MATERIALS

Regional Nutritionists
Medical Services Branch

Using the Food Guide
Health Canada

Good Eating - How to Plan Good Food
Williams Lake Project Literacy
British Columbia



"Aboriginal women have a history of helping. We are the caregivers of our past, present and future. Continue the tradition."

INFECTIOUS DISEASES

GOAL

TO EDUCATE PARENTS ABOUT DISEASE PREVENTION AND REDUCE THE SPREAD OF INFECTIOUS DISEASES IN THE COMMUNITY.

FACT

Many infectious, yet preventable diseases, seriously affect the health and wellbeing of Aboriginal children.

FINDINGS

- Streptococcal infections can have serious and long term effects on Aboriginal children and are the cause of significant morbidity and mortality in this population.
- In the Northwest Territory 85% of a community population was sampled in a blood survey, 71% of them tested positive or as carriers of hepatitis B.
- Hepatitis B can be transmitted in the family circle or among young school age children.
- New and reactivated cases of tuberculosis are much higher for Aboriginal children than for non-Aboriginal children.
- Ear infections and hearing loss may be the most widespread and most commonly known of all the afflictions that affect Aboriginal children.
- Aboriginal people are listed as high-risk individuals for tuberculosis.
- BCG (Bacille Calmette Guerin) vaccine may reduce the incidence of certain types of tuberculosis in children.

IDEAS FOR ACTION

- Immunization program and vaccines available for all vaccine-preventable diseases.
- Surveillance and screening programs for infectious diseases implemented.
- Prompt referral to medical care for infectious diseases.
- Training of health care providers on communicable diseases focusing on screening, detection and prevention.
- Proper water and sewage systems in place.
- Adequate housing for First Nation families.
- Information on proper food storage and processing.

COMMUNITY ACTION

- Raise the awareness of all community members of the many types of infectious diseases, their mode of transmission, signs and symptoms of the disease and how the spread of infectious diseases can be controlled or eliminated.
- Clear and concise information on infectious diseases available to all community members.
- Stress the importance of and provide vaccinations for all vaccine-preventable diseases.
- Facilitate better communications between local doctors, health care providers working in the community and First Nation's patients.
- Ensure that all communicable diseases are reported to local health care providers.
- Identify high-risk behaviours or living conditions that promote the spread of infectious diseases ie. unsanitary living conditions, improper food handling, lack of a good water supply and inadequate sewage disposal, over-crowded and poorly ventilated houses, non-adherence to medical protocols to control or eliminate infectious diseases.

RESOURCE MATERIALS

Nobody's Perfect Program
Health Canada

Immunization and Screening Programs
Medical Services Branch

Immunization Schedules
Available from each Provincial Health Department

DENTAL CARE

GOAL

TO PROMOTE AND EDUCATE CHILDREN ABOUT PROPER DENTAL HEALTH CARE IN THE EARLY CHILDHOOD YEARS.

FACT

Many Aboriginal children experience poor dental health because of improper eating habits and inadequate dental hygiene.

FINDINGS

- The results of the first national dental survey of Aboriginal children indicates a great proportion of children (91%) have teeth affected by decay. This may be linked to poor understanding of proper dental health and too much snacking on food high in sugar.
- Approximately 75% of the Aboriginal children surveyed reported access to dental care in the last year and nearly 65% had check-ups. In spite of this, 25% of the children continue to report pain and bleeding which indicates their dental needs are not being met.
- Community isolation, lack of fluoridated water, and the intake of high sugar and carbohydrate snacks are factors associated with these findings.
- Baby-bottle tooth decay (BBTD) is severe and may be the cause of more than 50% of poor dental health in children in First Nations communities.

IDEAS FOR ACTION

- Controlled and monitored fluoride treatments of water supply.
- Dental health programs implemented by dentists, dental hygienists or dental therapists in every community.
- Access to regular dental care and specialized services if necessary.
- Aboriginal children to begin dental visits at no later than three years of age or earlier if possible and be seen on a regular basis.
- Provision of toothpaste, toothbrush and floss to children.
- Dental health education available in community.
- Use a soft cloth for gums before the teeth come out.

COMMUNITY ACTION

- Raise the awareness of community members about the benefits of good dental health starting at an early age and how this can be established and maintained through diet, fluoride supplementation, regular dental examinations, regular flossing and brushing.
- Dental health promotion campaign which emphasizes the role of parents and caregivers.
- Distribute factsheets, pamphlets, brochures and display posters on proper dental care.
- Provide toothbrush, toothpaste and floss to children less than six years old.
- Demonstrate how to floss and brush teeth correctly.
- Promote dental health as a priority issue for children between the ages of 1 - 6 years.
- Encourage more First Nation students to enter dental therapy program.

RESOURCE MATERIALS

Canadian Dental Association

Regional Dental Officers and Dental Therapists
Medical Services Branch

Nobody's Perfect Program
Health Canada

Keep Baby's Teeth Healthy
MSB Regional Offices

SECTION SIX

SOCIAL ISSUES FOR THE ABORIGINAL CHILD

AN INDIAN & NORTHERN DEVELOPMENT

INTRODUCTION

The time span between birth and six years is one of enormous physical and psychological growth. The first six years of life demand a great deal of care, love and nurturing as the child develops from a state of helplessness and total dependence to increasing independence and self-reliance. If the fundamental needs are met, the vast majority of children will develop physically and psychologically healthy and a strong foundation will be laid for the child's physical, mental, spiritual and emotional development.

During this critical period of development efforts must be made by responsible individuals, families, communities and nations to ensure that the child's needs are answered. Basic needs such as loving, consistent care, proper food and nutrition, adequate shelter and access to appropriate health and social services are the birthrights of every First Nations child, as they are for all children. Yet for many First Nations communities and families socio-economic conditions often preclude the consistent offering of the most basic needs -adequate housing and good nutrition.

Stemming from this situation are a host of concerns which negatively impact on the health and social well-being of First Nations children and contribute to the incidence of child abuse and neglect.

Still, First Nation communities, as with other communities in Canada, have positive and negative forces that impact on children's lives. First Nation communities are different from each other in many ways, some have fully developed community infrastructures and access to resources. Others are isolated and as such must rely mainly on resources within the community to meet their children's needs. A common feature of First Nations is the many committed community workers who work extremely hard to reduce the effects of negative factors, while building and delivering essential services that will have a positive impact in their community. Community workers along with parents and community leaders are particularly concerned about making the lives of their children better now, so they can have a better future.

"Respect means to look back - to regard and consider life with reverence. First of all, we must look at ourselves, we who have been created in the image and likeness of God. When we have self-respect we become more in tune as to who we are, what we are about and where we are going. Secondly, we must respect nature and the environment because they were also created by the Great Spirit. When we respect ourselves, others, nature, and environment we are respecting the Creator. So we must care for and look after everything that has been given to us by the Creator."

CHILD ABUSE

GOAL

TO EDUCATE THE COMMUNITY ABOUT THE DEVASTATING EFFECTS OF CHILD ABUSE AND FAMILY VIOLENCE AND TO PROMOTE HEALTHY FAMILY RELATIONS.

FACT

About 3.2% of Aboriginal children are in the care of a child welfare agency as compared to 0.8% of the rest of Canadian children.

FINDINGS

- Most First Nation communities have established health, education, and social programs mandated to meet the needs of children and the community.
- First Nation child welfare workers are trained professionals who are competent and capable of addressing the problems faced by children and their community.

IDEAS FOR ACTION

- Develop protocols and procedures to detect abuse and neglect of children.
- Surveillance and mandatory reporting of children victims of child neglect.
- Culturally appropriate care of the child victims of violence and neglect.
- Counselling services and trained counsellors available in all communities to help victims and abusers.
- Establish protocols which outline how community programs will work cooperatively within an interagency format.
- Educate children and adults about the rights of children and establish school programs for children to learn to say "no".

COMMUNITY ACTION

- Raise the awareness of community members about the different types of violence and neglect towards children, identify contributing factors and how to alleviate or improve social conditions affecting the well-being of the child.
- Initiate parenting courses and parent support groups.
- Advocate for a multidisciplinary team approach to deal effectively with family problems.
- Promote healthy lifestyles and child-rearing practices.
- Offer interagency skill development workshops to community workers.

RESOURCE MATERIALS

Mi'kmaq Child Development Centre
Halifax, Nova Scotia

Mook'Am Project
Native Child and Family Services
Toronto, Ontario

Meadow Lake Tribal Council
Family and Child Care Service Centre
Meadow Lake, Saskatchewan

"Once respect is taught to a child it paves the way for easier understanding and communication, which leads to a healthier relationship between families."

PARENTING

GOAL

TO FACILITATE THE DEVELOPMENT OF CULTURALLY APPROPRIATE POSITIVE PARENTING SKILLS FOR FIRST NATIONS' PARENTS.

FACT

Traditionally Aboriginal people treated their children with great respect and consideration. As soon as the child was able to communicate, the main practice that adults used for discipline was affectionate lecturing. The use of physical or corporal punishment by adults was virtually unknown.

FINDINGS

- Many Aboriginal people stress the need for culturally appropriate parent support and parenting skills courses.
- Competency in a child is recognized by all members of the community which contributes to a strengthening of the child's self-esteem and self-image.
- Child rearing was valued as a sacred responsibility, young persons were nurtured and empowered to meet the most difficult challenges with courage, competence and compassion.
- Children represent the primary means through which a culture can preserve its traditions, heritage and language.

IDEAS FOR ACTION

- Parenting courses incorporating the community's traditional parenting techniques be developed and given in every community.
- Parenting skills presented as a component of prenatal education.

COMMUNITY ACTION

- Raise the awareness of community members about positive and effective parenting by distributing culturally-appropriate parenting information ie. booklets, brochures and display posters. Target community youth in particular.

- Encourage community Elders to teach traditional parenting skills.
- Promote positive parenting as a part of healthy lifestyle development.
- Educate and facilitate the learning of responsibility through the early ages.
- Establish parenting skills programs and parent support groups that are designed to meet the needs of young parents, single parents and blended families.

RESOURCE MATERIALS

Rediscovery of Traditional Motherhood
Skookum Jim Friendship Centre
Whitehorse, Yukon

The Teaching of the Elders
Health Canada

Postpartum Parent Support Program
Health Canada

A Resource Listing of Parenting Programs Used by First Nations and the Inuit
Mental Health Advisory Services
Medical Services Branch

Mi'kmaq Family
A video on child development
Health Canada and National Film Board

"Don't favour one child, love them equally. Teach them how to love, respect and value each other as individual persons."

MENTAL WELLNESS

DEFINITION:

Among First Nations the term mental health is interpreted as behaviours which make for a harmonious, cohesive community with the relative absence of behavioral problems within the community, such as family violence, substance abuse, juvenile delinquency and self-destructive behaviour. It is more than the absence of illness, disease or dysfunction - it is the presence of a holistic, psychological well-being which is part of the full circle of mental, physical, emotional and spiritual wellness that is circumscribed by community traditions, culture, and language. This gives rise to growth, creativity, imagination and enhances the capacity of the community, family groups or individuals to interact harmoniously and respond to illness and other adversity in healthy ways that resolve conflicts constructively, promote improved function and the healthy development of children.

GOAL

TO IMPROVE THE MENTAL HEALTH AND WELL-BEING OF CHILDREN, FAMILIES AND COMMUNITIES.

FACT

Traditional teachings provided to First Nation adults and children support the healthy development of self-esteem and a positive sense of identity.

FINDINGS

- Evidence shows that there are high levels of depression accompanied by failure to achieve among Aboriginal children. Though no national statistics exist on childhood depression, every local study of Aboriginal children has shown rates of depression to be extremely high.
- At the Sioux Lookout Hospital, 800 serious suicide attempts were seen over a six year period.

IDEAS FOR ACTION

- Mental health programs and services initiated in every community.
- Hiring and training of Aboriginal mental health workers in every community.
- Access to specialized mental health services.
- Crisis response teams using a multidisciplinary approach in every community.
- Elders teaching traditional perspectives on wellness as part of mental health program.

COMMUNITY ACTION

- Provide information on mental health issues to community members to raise the awareness of community members about mental wellness issues. Include traditional view on individual, family and community well-being.
- Promote healthy lifestyles.
- Teach healthy stress-releasing methods ie. relaxation techniques, methods to maintain a healthy mental outlook and encourage sports and regular physical activity.
- Initiate a parent support group for young parents.
- Focus programs on positive parenting for youth during the first six years of life when the child's self-esteem is developing.

RESOURCE MATERIALS

**Making Meaning of Mental Health -
Challenges in First Nations**
Sal'l'Shan Institute Society
Kelowna, B.C.

CONCLUSION

The best investment any society can make in its future is to assure the health and well-being of its children. Psychologically and physically sound children develop into healthy and contributing members of families, communities and nations.

Traditionally, the caring and nurturing of children was a communal responsibility. Over the years this practice, along with other defining socio-cultural customs, have been displaced by institutions, programs and policies that did not necessarily conform to the First Nations view of caring or how to attain and maintain wellness. The results can be seen in the present health status of Aboriginal children which is far below that of Canadian children and similar to children living in third world countries.

The resurgence of First Nations self-reliance, grounded in the revitalization of traditional custom and values, and the marriage of traditional health practices and western medicine appear to offer the best hope of strengthening healthy attitudes and behaviours, and preventing many of the health and social concerns that challenge the health of Aboriginal children, in the womb and in early childhood. This view is, of necessity, long term because the health and social problems that exist now may, unfortunately, persist for some time to come. The challenge to First Nations is to ensure that "some time" is as short a time as possible. In responding to this task First Nations caregivers can take some comfort. Because there are many effective, community interventions, some identified in this framework document, that can and have been implemented in First Nations with remarkable success. In fact, *Healthy Children - Healthy Nations* simply brings into concise perspective a range of successful health program ideas that First Nations can direct toward child health concerns, if they so choose.

Elders have said that First Nations individuals, families, communities and nations must restore the order, control, harmony and balance in their existence. This view, circumscribed by the principles of the Sacred Circle, beholds a connectedness and flow to all aspects of First Nations existence - from generations past, to those present today and reaching forward to generations yet to come. In the field of child health, this uniquely Aboriginal perception, can be supported, in practical terms, by forging strong partnerships which yield directed collaborative action from parents, Elders, Aboriginal leaders, government representatives and health and social services providers. Community action now, founded on cooperation and strategic child health planning will improve the health environment for First Nations children of this generation - and undoubtedly serve the well-being of generations that will follow.



GLOSSARY

Abortion: Termination of a pregnancy before the fetus is able to survive outside the womb.

Allergic: An abnormal reaction to substances that are usually harmless.

Birth Canal: The passage through which the baby is born.

Bonding: Forming a close personal relationship.

Calcium: A mineral found in the body. A constant level of this mineral is needed for body functions such as: maintenance of heartbeat, clotting of blood and normal functioning of muscles and nerves. Found in milk and cheese, molasses, turnip greens and dandelion greens.

Central Nervous System: The portion of the nervous system consisting of the brain and spinal cord.

Chlorinated Organic Chemicals: see Polychlorinated biphenyls (PCBs).

Conception: Fertilization of the human egg.

Congenital Anomalies: Developmental abnormalities present and existing from the time of birth.

Contaminants: Something that causes contamination.

Cushingoid Appearance: Fatty swellings on the body, moon-like fullness of the face, distention of the abdomen, unusual hair growth in females and streaked purple markings on the body.

Contamination: Soiling or making inferior by contact or mixture.

Delivery: The actual birth of the baby.

Embryo: A fertilized human egg up to the time that it reaches 8 weeks, then becomes known as a fetus.

Ectopic Pregnancy: Pregnancy in which the fertilized egg becomes implanted in the uterine tubes.

Effusion: Escape of fluid into a body space or part.

Fetal Alcohol Syndrome (FAS): A pattern of psychological and physical birth defects caused by maternal intake of alcohol during pregnancy.

Fetal Alcohol Effects (FAE): A milder pronouncement of FAS effects.

Fetus: The developing human egg from eight weeks onwards.

Fetal distress: When the fetus is experiencing difficulty to survive in the womb.

Folic acid: A vitamin of the B complex. Is an essential growth factor necessary for the proper formation of blood in the body.

Folacin: Pharmaceutical product of folic acid.

Gene: One of the biological units of heredity, self-reproducing - located at a definite position on a particular chromosome.

Genetics: Pertaining to reproduction or the birth or origin.

Gestation: The period of development from the time of fertilization of the human egg to birth.

Gonorrhea: A highly contagious bacterial infection of the genital/urinary systems.

Gestational Diabetes: An imbalance of the insulin and sugar in the blood during pregnancy.

Herpes virus - Type II: An infection caused by a virus that affects the genital area. Newborns may contact the virus during birth.

Intrauterine: Within the uterus.

Immune: Being highly resistant to a disease because of the formation of humoral antibodies or the development of immunological competent cells.

Immunization: The process of rendering a subject immune or of becoming immune.

Intergenerational: Related by blood.

Infection: Invasion and multiplication of microorganisms (germ) in body tissues.

Infectious disease: A disease caused by an organism.

Iron: A chemical element found in the body. Main element of hemoglobin. Can be obtained from foods such as liver, red meat, kidney beans, whole wheat bread, spinach, egg yolk, turnip tops, beet greens, carrots, raisins and other foods.

Iron deficiency: Not enough iron in the body which could result in anemia.

Lactation Consultant: A person who is specially trained to help women with breastfeeding questions and problems.

Lead:A chemical element.

Lead poisoning:A form of poisoning caused by the presence of lead or lead salts in the body which could affect the brain, nervous system, blood and digestive systems.

Low Birth-Weight:When a full-term baby weighs less than 2.5 kg. or 5.5 lbs.

Malformation:Defective formation; deformity.

Miscarriage:When a baby dies in the early months of pregnancy and is expelled from the woman's body. Also called a spontaneous abortion.

Menstruation:The monthly discharge from the vagina of blood and tissues from a nonpregnant uterus.

Mercury:A non-essential natural element and is a contaminant in air, water and food.

Monilia:Pertaining to or caused by infection from a yeast-like fungi (*Candida albicans*) commonly affecting the skin, oral mucosa (thrush), respiratory tract and vagina.

Neurological:Pertaining to the nervous system.

Nutritional:Includes all the processes by which the body uses food for energy, maintenance and growth.

Neonatal:Pertaining to the first four weeks after birth.

Nurturing:To further the development of.

Otitis Media:Infection of the middle ear.

Parasite:A plant or animal that lives upon or within another living organism.

Polychlorinated biphenyls:A group of chemicals used in electrical and

(PCBs):Hydraulic equipment, lubricants and in many other fluids. PCBs are persistent in the environment. Affects the neurobehavioural development of the infants if present in maternal serum.

Placenta:An organ that nourished the baby in the uterus, also called the afterbirth.

Placental barrier:The placenta acting as a barrier between the mother and fetus.

Prematurity:The birth of a baby before it is due. An infant is premature if born at 36 weeks gestation or sooner.

Preconception:The time before a human egg is fertilized, before pregnancy.

Pregnancy:The condition of having a developing embryo or fetus in the body after fertilization of the human egg.

Perinatal:Relating to the period shortly before the birth of the infant and up to four weeks after delivery.

Postneonatal:The time when the child reaches one month of age to one year old.

Rickets:A condition of infancy and childhood caused by the deficiency of Vitamin D resulting in the softening of the bones producing various degrees of deformity.

Reflex:A reflected action or movement controlled by the nervous system which does not need a conscious thought to occur.

Reflex abnormalities:Absence or abnormal reflex reactions.

Reproductive health:Pertaining to the ability to reproduce.

Rubella:A mild systemic disease caused by a virus and characterized by a fever and rash. If contracted during the first three months of pregnancy, the virus can damage the developing fetus.

Stillbirth:Delivery of a dead infant.

Sudden Infant Death Syndrome (SIDS):

The sudden death of an infant who is well or almost well prior to death and whose death remains unexplained after an autopsy. Also called crib-death.

Serum:The clear, straw-colored, liquid portion of the plasma that does not contain fibrinogen or blood cells, and remains fluid after clotting blood.

Syphilis:A contagious venereal disease transmitted by sexual intercourse. Congenital syphilis is transmitted from the diseased mother to the unborn child through the placenta, which often results in spontaneous abortion or stillbirth.

Tremors:An involuntary trembling of the body or limbs.

Toxoplasmosis:A disease caused by a parasite. The congenital form is characterized by central nervous system lesions, which could cause blindness, brain defects and death.

Toxic:Poisonous: pertaining to poisoning.

Uterus:A hollow muscular organ where the baby grows - also called the womb.

Uterine wall:The walls of the uterus - composed of muscle.

Vaccine:A suspension of attenuated (weakened) or killed microorganism administered for the prevention or the treatment of infectious disease.

Virus:A minute infectious agent, smaller than a bacterium, which is able to replicate only in a living host cell.

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